

For calendar year 2019, or tax year beginning 07-01-2019, and ending 06-30-2020

Name of foundation WILSON SHEEHAN FOUNDATION		A Employer identification number 32-6266976	
Number and street (or P.O. box number if mail is not delivered to street address) PO BOX 3085		Room/suite	B Telephone number (see instructions) (203) 459-2703
City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, OH 45501		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 55,666,909		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	7,222,918			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .				
	4 Dividends and interest from securities . . . . .	1,191,898	648,857		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	332,427			
	b Gross sales price for all assets on line 6a _____ 12,031,168				
	7 Capital gain net income (from Part IV, line 2) . . . . .		2,209,056		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	842,904	1,128,881		
	12 Total. Add lines 1 through 11 . . . . .	9,590,147	3,986,794		
	13 Compensation of officers, directors, trustees, etc. . . . .	193,500	0		193,500
	14 Other employee salaries and wages . . . . .	62,500	0		62,500
	15 Pension plans, employee benefits . . . . .	12,800	0		12,800
	16a Legal fees (attach schedule) . . . . .	9,648	0		9,648
	b Accounting fees (attach schedule) . . . . .	11,565	0		11,565
	c Other professional fees (attach schedule) . . . . .	199,742	177,168		22,574
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	65,018	7,226		15,827
	19 Depreciation (attach schedule) and depletion . . . . .	1,574	0		
	20 Occupancy . . . . .	8,250	0		8,250
	21 Travel, conferences, and meetings . . . . .	10,877	0		10,877
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	127,236	0		127,236
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	702,710	184,394		474,777
	25 Contributions, gifts, grants paid . . . . .	3,931,545			3,366,711
	26 Total expenses and disbursements. Add lines 24 and 25	4,634,255	184,394		3,841,488
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	4,955,892			
	b Net investment income (if negative, enter -0-)		3,802,400		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	89,943	101,652	101,652
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	14,734,083	16,527,582	24,087,791
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	7,103,001	8,457,454	8,760,191
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	18,461,585	20,824,224	22,712,795
	<b>14</b> Land, buildings, and equipment: basis ▶ <u>29,044</u> Less: accumulated depreciation (attach schedule) ▶ <u>24,564</u>	6,054	4,480	4,480
<b>15</b> Other assets (describe ▶ _____)				
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	40,394,666	45,915,392	55,666,909	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .	3,357,167	3,922,001	
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule). . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	3,357,167	3,922,001	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	37,037,499	41,993,391	
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	37,037,499	41,993,391	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	40,394,666	45,915,392		

Part III Analysis of Changes in Net Assets or Fund Balances		
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	37,037,499
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	4,955,892
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	41,993,391
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	41,993,391

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

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

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

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

<b>2</b> Capital gain net income or (net capital loss)	<b>2</b>	2,209,056
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	<b>3</b>	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	4,549,395	44,174,472	0.102987
2017	4,192,840	41,378,238	0.101330
2016	8,137,836	32,744,715	0.248524
2015	7,638,216	25,470,219	0.299888
2014	6,157,985	23,431,192	0.262811


<b>2</b> Total of line 1, column (d)	<b>2</b>	1.015540
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.203108
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	49,694,488
<b>5</b> Multiply line 4 by line 3	<b>5</b>	10,093,348
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	38,024
<b>7</b> Add lines 5 and 6	<b>7</b>	10,131,372
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	3,841,488

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

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	76,048
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	76,048
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	76,048
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	54,280
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	60,000
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	114,280
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	38,232
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <b>▶</b> 38,232 <b>Refunded</b> <b>▶</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>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.</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>▶</b> \$ _____ <b>(2)</b> On foundation managers. <b>▶</b> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>▶</b> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	Yes
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	Yes
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> CT, OH		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>  . . . . .	<b>10</b>	Yes

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

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WILSONSHEEHAN.ORG</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>LORRAINE WILSON</u> Telephone no. ► <u>(203) 459-2703</u>			

Located at ► 931 OLD POST ROAD FAIRFIELD CTZIP+4 ► 06824

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>	<b>1b</b>	<b>No</b>
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<b>4b</b>	<b>No</b>

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

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

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
CHRISTOPHER E WILSON 931 OLD POST ROAD FAIRFIELD, CT 06824	TRUSTEE 3.00	0	0	0
LORRAINE WILSON 931 OLD POST ROAD FAIRFIELD, CT 06824	TRUSTEE 8.00	0	0	0
MAUREEN S MASSARO PO BOX 3085 SPRINGFIELD, OH 45501	EXECUTIVE DIRECTOR 40.00	193,500	9,675	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ANDREA O'CONNOR PO BOX 3085 SPRINGFIELD, OH 45501	GRANTS MANAGER 40.00	62,500	3,125	0
<b>Total number of other employees paid over \$50,000.</b>				0

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


**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

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

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> N/A	0
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b> N/A	0
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b> 	0
<b>Total.</b> Add lines 1 through 3 . . . . .	0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	50,346,219
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	105,038
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	50,451,257
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	50,451,257
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	756,769
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	49,694,488
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	2,484,724

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	2,484,724
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	76,048
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	76,048
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	2,408,676
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	2,408,676
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	2,408,676

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	3,841,488
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	3,841,488
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	3,841,488

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



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

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				2,408,676
<b>2</b> Undistributed income, if any, as of the end of the 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .	4,992,533			
<b>b</b> From 2015. . . . .	6,374,954			
<b>c</b> From 2016. . . . .	6,543,790			
<b>d</b> From 2017. . . . .	2,191,002			
<b>e</b> From 2018. . . . .	2,394,912			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	22,497,191			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>3,841,488</u>				
<b>a</b> Applied to 2018, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				2,408,676
<b>e</b> Remaining amount distributed out of corpus	1,432,812			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	23,930,003			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	4,992,533			
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	18,937,470			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .	6,374,954			
<b>b</b> Excess from 2016. . . . .	6,543,790			
<b>c</b> Excess from 2017. . . . .	2,191,002			
<b>d</b> Excess from 2018. . . . .	2,394,912			
<b>e</b> Excess from 2019. . . . .	1,432,812			

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) See Additional Data Table

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

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

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:  
MAUREEN MASSARO  
PO BOX 3085  
SPRINGFIELD, OH 45501  
(937) 244-7449

**b** The form in which applications should be submitted and information and materials they should include:  
GRANT APPLICATION PROCESS IS DONE ONLINE THROUGH GRANT MANAGEMENT SOFTWARE CONSISTING OF 3 STEPS: 1. COMPLETE AND SUBMIT ONLINE OUR LETTER OF INQUIRY (LOI) 2. REVIEW AND INVITATION TO APPLY ONLINE IF LOI FITS WITH OUR MISSION 3. DECISION ON WHETHER OR NOT APPLICATION HAS BEEN APPROVED. APPLICATIONS WILL INCLUDE CURRENT AUDITED FINANCIAL STATEMENTS AND COPY OF 501(C)(3) ACCEPTANCE LETTER AT A MINIMUM.

**c** Any submission deadlines:  
NONE

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
REQUESTS NOT CONSIDERED FOR SCHOLARSHIPS; MASS FUNDING APPEALS; SPONSORSHIPS; ADVERTISING FOR FUNDRAISING EVENTS; AND GRANTS OR LOANS TO INDIVIDUALS.

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	3,366,711
<b>b</b> <i>Approved for future payment</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3b</b>	2,063,334

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14		
<b>4</b> Dividends and interest from securities. . . . .			14	1,191,898	
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .	900001		14	817,406	
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .	900001	21,532	18	310,895	
<b>9</b> Net income or (loss) from special events:					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue:					
<b>a</b> TAX REFUND-STATE _____					25,498
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .		21,532		2,320,199	25,498
<b>13</b> Total. Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)			<b>13</b>		2,367,229

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

[illegible]

## Part XVII

- |   |  |    |  |    |
|---|--|----|--|----|
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .  | 1c |  | No |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |    |  |    |

[illegible]

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

- | b If "Yes," complete the following schedule. |                          |                                 |
|--|--------------------------|---------------------------------|
| (a) Name of organization                     | (b) Type of organization | (c) Description of relationship |
|  |                          |                                 |
|  |                          |                                 |
|  |                          |                                 |
|  |                          |                                 |

**Sign  
Here**

\*\*\*\*\*

Title

(see instr.) ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	REBECCA PEYTON		2021-01-11		P00441253
	Firm's name ▶ CLARK SCHAEFER HACKETT & CO				Firm's EIN ▶ 31-0800053
	Firm's address ▶ 14 EAST MAIN STREET SUITE 500 SPRINGFIELD, OH 45502				Phone no. (937) 399-2000

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, <b>(a)</b> 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
SHORT TERM	P		
LONG TERM	P		
STONEHILL INSTITUTIONAL PARTNERS	P		
STONEHILL INSTITUTIONAL PARTNERS	P		
STONEHILL INSTITUTIONAL PARTNERS	P		
MIMEDX GROUP INC	D		
CAPITAL GAINS DIVIDENDS	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
5,835,963		6,098,140	-262,177
4,015,965		3,377,683	638,282
21,532		21,532	0
42,654			42,654
41,704			41,704
2,056,096		324,757	1,731,339
17,254			17,254

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
<b>(i)</b> F.M.V. as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col. (i) over col. (j), if any	
			-262,177
			638,282
			0
			42,654
			41,704
			1,731,339
			17,254

**Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).**

CHRISTOPHER E WILSON
LORRAINE WILSON

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ARTISTS FOR HUMANITY 100 W SECOND STREET BOSTON, MA 02127	NONE	PUBLIC	YOUTH ARTS ENTERPRISE	72,500
BOTTOM LINE 65 EAST WAKER PLACE SUITE 100 CHICAGO, IL 60601	NONE	PUBLIC	BOTTOM LINE - GENERAL OPERATING	50,000
BREAKTHROUGH NEW YORK 123 WILLIAM STREET 4TH FLOOR NEW YORK, NY 10038	NONE	PUBLIC	MIDDLE SCHOOL PROGRAM	10,000
<b>Total . . . . . ▶ 3a</b>				3,366,711



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CATHOLIC CENTRAL JRSR HIGH SCHOOL 1200 EAST HIGH STREET SPRINGFIELD, OH 45505	NONE	PUBLIC	EDUCATION	81,500
CATHOLIC SOCIAL SEVICES 441 INDUSTRY DR COLUMBUS, OH 43204	NONE	PUBLIC	COVID 19 EMERGENCY FUNDS	25,000
CHILDREN'S COMMUNITY SCHOOL 114 OBETZ RD COLUMBUS, OH 43207	NONE	PUBLIC	MIDDLE SCHOOL EXPANSION PROJECT	10,000
<b>Total . . . . . ▶ 3a</b>				3,366,711

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILDREN'S MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	NONE	PUBLIC	NEXT GENERATION GRANT	1,000
CHOOSING HOPE ADOPTIONS 616 N LIMESTONE ST SPRINGFIELD, OH 45503	NONE	PUBLIC	LICENSED SOCIAL WORKER	43,000
COLLIER COMMUNITY ABSTINENCE PROGRAM (CCAP) PO BOX 9488 NAPLES, FL 34101	NONE	PUBLIC	EDUCATION	60,000
<b>Total . . . . . ▶ 3a</b>				3,366,711

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY IMPROVEMENT CORPORATION OF SPRINGFIELD & CLARK COUNTY OHIO 20 S LIMESTONE SUITE 100 SPRINGFIELD, OH 45502	NONE	PUBLIC	HOLIDAY IN THE CITY	5,000
COOLIGE CORNER THEATRE FOUNDATION INC 290 HARVARD ST BROOKLINE, MA 02446	NONE	PUBLIC	NEXT GENERATION GRANT	1,000
CRAYONS TO CLASSROOMS 1489 OLD SPRING VALLEY CT DAYTON, OH 45458	NONE	PUBLIC	CRAYONS TO CLASSROOMS TEACHER RESOURCE CENTER SUPPORT	5,000
<b>Total . . . . . ▶ 3a</b>				3,366,711

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CRISTO REY COLUMBUS OHIO 400 E TOWN STREET COLUMBUS, OH 43215	NONE	PUBLIC	EDUCATION	25,000
CRISTO REY NETWORK 14 E JACKSON BLVD SUITE 1200 CHICAGO, IL 60604	NONE	PUBLIC	COLLEGE INITIATIVES	676,666
DAYTON FOUNDATION 1401 S MAIN ST 100 DAYTON, OH 45409	NONE	PUBLIC	NEXT GENERATION GRANT	1,000
<b>Total . . . . . ▶ 3a</b>				3,366,711

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FAMILY INDEPENDENCE INITIATIVE PO BOX 71363 OAKLAND, CA 94612	NONE	PUBLIC	COVID 19 EMERGENCY FUNDS	20,000
HEKIMA PLACE INC 407 MORRISON DRIVE PITTSBURGH, PA 15216	NONE	PUBLIC	EDUCATION	10,000
HELPING OUR YOUNG PEOPLE CONNECT WITH GOD 1391 ELIZABETH CT SPRINGFIELD, OH 45503	NONE	PUBLIC	HOPE SKILLS, FITNESS, FOOD, AND NUTRITION FOR LIFE	2,500
<b>Total . . . . . ▶ 3a</b>				3,366,711

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HOURL CHILDREN INC 36-11 12TH STREET LOWER LEVEL LONG ISLAND CITY, NY 11106	NONE	PUBLIC	CHILRDENS THERAPY SERVICES	40,000
JEREMIAH PROGRAM 615 1ST AVENUE SUITE 210 MINNEAPOLIS, MN 55413	NONE	PUBLIC	COVID 19 EMERGENCY FUNDS	25,000
LESOTHO NUTRITION INITIATIVE 115 MONTERAY AVE OAKWOOD, OH 45419	NONE	PUBLIC	LESOTHO NUTRITION INITIATIVE	5,000
<b>Total . . . . . ▶ 3a</b>				3,366,711

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MAYAN FAMILIESPO BOX 710400 SANTEE, CA 92072	NONE	PUBLIC	EDUCATION PROGRAM: PRESCHOOL NUTRITION CENTERS	25,000
MERCY LEARNING CENTER OF BRIDGEPORT INC 637 PARK AVENUE BRIDGEPORT, CT 06604	NONE	PUBLIC	A VIEW OF THE HARBOR 2020 ENDOWMENT/COVID 19 EMERGENCY FUND	35,000
MID-OHIO FOOD BANK 3960 BROOKHAM DR GROVE CITY, OH 43123	NONE	PUBLIC	MID-OHIO FOOD BANK NEXT GENERATION GRANT	1,000
<b>Total . . . . . ▶ 3a</b>				3,366,711

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MORE THAN WORDS INC 242 EAST BERKELEY STREET BOSTON, MA 02118	NONE	PUBLIC	NEXT GENERATION GRANT	1,000
NATIONAL TRAIL PARKS AND RECREATION DISTRICT 1301 MITCHELL BLVD SPRINGFIELD, OH 45503	NONE	PUBLIC	HOLIDAY CELEBRATIONS	3,000
NORWALK GRASSROOTS TENNIS INC 15 EASTWOOD RD NORWALK, CT 06851	NONE	PUBLIC	BUILDING EDUCATION SUPPORT	55,000
<b>Total . . . . . ▶ 3a</b>				3,366,711



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OBED'S HOUSE MINISTRIES 2301 VALLEY LOOP ROAD SPRINGFIELD, OH 45504	NONE	PUBLIC	CHARITABLE CONTRIBUTION	1,000
ON-THE-RISE4177 DIALTON ROAD SPRINGFIELD, OH 45502	NONE	PUBLIC	CHARITABLE CONTRIBUTION - FILLING THE GAP	25,000
PARTNERSHIP SCHOOLS 1011 FIRST AVE SUITE 1800 NEW YORK, NY 10022	NONE	PUBLIC	EDUCATION	160,000
<b>Total . . . . . ▶ 3a</b>				3,366,711

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PER SCHOLAS112 JEFFERSON AVE COLUMBUS, OH 43215	NONE	PUBLIC	PER SCHOLAS COLUMBUS IT JOB TRAINING/COVID 19 EMERGENCY FUNDS	125,000
RESCUED OHIOPO BOX 382 NEW ALBANY, OH 45506	NONE	PUBLIC	NEXT GENERATION GRANT	1,000
RULING OUR EXPERIENCES 1335 DUBLIN RD 18A COLUMBUS, OH 43215	NONE	PUBLIC	BEING A GIRL ROXI	125,125
<b>Total . . . . . ▶ 3a</b>				3,366,711

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SECOND HARVEST FOOD BANK 701 E COLUMBIA ST SPRINGFIELD, OH 45503	NONE	PUBLIC	NEXT GENERATION GRANT	1,000
SPRINGFIELD ARTS COUNCIL 117 SOUTH FOUNTAIN AVENUE SPRINGFIELD, OH 45501	NONE	PUBLIC	CHILDREN'S HANDS-ON LEARNING--2019 SUMMER ARTS FESTIVAL	11,120
SPRINGFIELD FAMILY YMCA 300 S LIMESTONE ST SPRINGFIELD, OH 45505	NONE	PUBLIC	YMCA AFTER-SCHOOL ENRICHMENT PROGRAM	10,000
<b>Total . . . . . ▶ 3a</b>				3,366,711

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SPRINGFIELD FOUNDATION 333 N LIMESTONE ST SUITE 201 SPRINGFIELD, OH 45503	NONE	PUBLIC	NATIONAL TRAIL PARKS AND RECREATION DISTRICT ENDOWMENT	5,000
SPRINGFIELD MUSEUM OF ART 107 CLIFF PARK ROAD SPRINGFIELD, OH 45501	NONE	PUBLIC	CAPITAL CAMPAIGN/ART EDUCATION	15,000
SPRINGFIELD ROTARY FOUNDATION 275 S LIMESTONE ST SPRINGFIELD, OH 45506	NONE	PUBLIC	EXCELLENCE IN TEACHING	5,300
<b>Total . . . . . ▶ 3a</b>				3,366,711

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SPRINGFIELD SYMPHONY ORCHESTRA ASSOCIATION 300 S FOUNTAIN AVE SPRINGFIELD, OH 45506	NONE	PUBLIC	STUDENTS AT THE SYMPHONY & SPRINGFIELD CHILDREN'S CHORUS	5,000
ST IGNATIUS SCHOOL 740 MANIDA STREET BRONX, NY 10474	NONE	PUBLIC	ST. IGNATIUS SCHOOL ADVANCING THE MISSION	20,000
STAND TOGETHER FOUNDATION 1320 N COURTHOUSE RD ARLINGTON, VA 22201	NONE	PUBLIC	CATALYST PROGRAM	100,000
<b>Total . . . . . ▶ 3a</b>				3,366,711

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE BLINKNOW FOUNDATION 35 KNOX HILL ROAD MORRISTOWN, TN 07960	NONE	PUBLIC	FOUNDATION OPERATING EXPENSES	50,000
THE CONSCIOUS CONNECT PO BOX 3081 SPRINGFIELD, OH 45501	NONE	PUBLIC	LAUNCHPAD TO LEARNING	1,000
THE DREXEL FUNDS (DBA THE DREXEL FUND) 606 E JUNEAU AVE 510635 MILWAUKEE, WI 53203	NONE	PUBLIC	GENERAL OPERATIONS	581,000
<b>Total . . . . . ▶ 3a</b>				3,366,711

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE GO PROJECT50 COOPER SQUARE NEW YORK, NY 10003	NONE	PUBLIC	GO SCHOOL, GO SUMMER AND GO FAMILIES	35,000
THE MATHILE INSTITUTE 241 TAYLOR ST SUITE 300 DAYTON, OH 45402	NONE	PUBLIC	MPOWER PROGRAM	50,000
THE OAKS ACADEMY 2301 NORTH PARK AVE INDIANAPOLIS, IN 46205	NONE	PUBLIC	OAKS TEACHER DEVELOPMENT	100,000
<b>Total . . . . . ▶ 3a</b>				3,366,711

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITED WAY OF CLARK CHAMPAIGN AND MADISON COUNTIES 120 S CENTER ST SPRINGFIELD, OH 45502	NONE	PUBLIC	THE DOLLY PARTON IMAGINATION LIBRARY	5,000
WELLSPRING15 E PLEASANT STREET SPRINGFIELD, OH 45506	NONE	PUBLIC	EDUCATION	195,000
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	PUBLIC	WORLD VISION - WATER	400,000
<b>Total . . . . . ▶ 3a</b>				3,366,711



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WORLD'S WILDLIFE FUND INC 1250 24TH STREET NW WASHINTON, DC 20037	NONE	PUBLIC	NEXT GENERATION GRANT	1,000
YEAR UP INC45 MILK STREET BOSTON, MA 02109	NONE	PUBLIC	COVID 19 EMERGENCY FUNDS	25,000
YOUNG LIFEPO BOX 1465 SPRINGFIELD, OH 45501	NONE	PUBLIC	EDUCATION - GENERAL OPERATING	25,000
<b>Total . . . . . ▶ 3a</b>				3,366,711

**TY 2019 Accounting Fees Schedule****Name:** WILSON SHEEHAN FOUNDATION**EIN:** 32-6266976

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING / TAX PREP	11,565	0		11,565

**TY 2019 All Other Program Related Investments Schedule**

**Name:** WILSON SHEEHAN FOUNDATION  
**EIN:** 32-6266976

Category	Amount
N/A	0

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2019 Depreciation Schedule

**Name:** WILSON SHEEHAN FOUNDATION

**EIN:** 32-6266976

### Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
4 PIECE DESK UNIT	2013-02-04	4,318	3,959	SL	7.00000000000000	359	0		
CHAIRS (2)	2013-02-04	3,565	3,266	SL	7.00000000000000	299	0		
TABLE AND FILING CABINET	2013-02-04	1,679	1,540	SL	7.00000000000000	139	0		
PHONE, PRINTER, WIRELESS ROUTER	2013-02-04	1,133	1,133	SL	5.00000000000000	0	0		
COMPUTER	2013-02-04	998	998	SL	5.00000000000000	0	0		
LAPTOP	2013-05-24	1,100	1,100	SL	5.00000000000000	0	0		
HERMAN MILLER ERGONOMIC DESK CHAIR	2013-03-11	889	804	SL	7.00000000000000	85	0		
OIL PAINTINGS	2013-08-27	743		NC	0 %	0	0		
OIL PAINTINGS	2013-12-12	1,778		NC	0 %	0	0		
GRANT SOFTWARE	2014-03-18	8,000	8,000	SL	3.00000000000000	0	0		
OFFICE DESK - KAVANAUGH'S	2014-12-05	1,259	825	SL	7.00000000000000	180	0		
CONFERENCE TABLE & OFFICE DESK	2016-10-26	3,582	1,365	SL	7.00000000000000	512	0		

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## **TY 2019 Expenditure Responsibility Statement**

**Name:** WILSON SHEEHAN FOUNDATION

**EIN:** 32-6266976

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
THE MATHILE INSTITUTE	241 TAYLOR ST SUITE 300 DAYTON, OH 45402	2019-10-22	150,000	NURTURING THE FUTURES OF CHILDREN IN CENTRAL AMERICA.	50,000	NONE	JUNE 15, 2020	2020-06-30	GRANT WAS USED FOR CHARITABLE PURPOSE AS INTENDED.

# TY 2019 Investments Corporate Bonds Schedule

**Name:** WILSON SHEEHAN FOUNDATION

**EIN:** 32-6266976

## Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
BONDS	8,457,454	8,760,191

**TY 2019 Investments Corporate Stock Schedule****Name:** WILSON SHEEHAN FOUNDATION**EIN:** 32-6266976**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
U.S. LARGE CAP EQUITIES	11,231,901	18,301,307
U.S. MID CAP EQUITIES	1,861,257	2,040,214
INTERNATIONAL EQUITIES	1,394,857	1,597,450
EMERGING MARKET EQUITIES	881,727	1,174,188
U.S. SMALL CAP EQUITIES	1,157,840	974,632

## TY 2019 Investments - Other Schedule

**Name:** WILSON SHEEHAN FOUNDATION

**EIN:** 32-6266976

### Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
CASH EQUIVILENTS	AT COST	2,816,701	2,816,460
HEDGE FUNDS	AT COST	18,007,523	19,896,335



## TY 2019 Land, Etc. Schedule

**Name:** WILSON SHEEHAN FOUNDATION

**EIN:** 32-6266976

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
4 PIECE DESK UNIT	4,318	4,318	0	
CHAIRS (2)	3,565	3,565	0	
TABLE AND FILING CABINET	1,679	1,679	0	
PHONE, PRINTER, WIRELESS ROUTER	1,133	1,133	0	
COMPUTER	998	998	0	
LAPTOP	1,100	1,100	0	
HERMAN MILLER ERGONOMIC DESK CHAIR	889	889	0	
OIL PAINTINGS	743	0	743	
OIL PAINTINGS	1,778	0	1,778	
GRANT SOFTWARE	8,000	8,000	0	
OFFICE DESK - KAVANAUGH'S	1,259	1,005	254	
CONFERENCE TABLE & OFFICE DESK	3,582	1,877	1,705	

**TY 2019 Legal Fees Schedule****Name:** WILSON SHEEHAN FOUNDATION**EIN:** 32-6266976

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	9,648	0		9,648

**TY 2019 Other Expenses Schedule****Name:** WILSON SHEEHAN FOUNDATION**EIN:** 32-6266976**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TELEPHONE	1,928	0		1,928
COMPUTER AND INTERNET	2,666	0		2,666
OFFICE	3,431	0		3,431
PAYROLL EXPENSE	1,065	0		1,065
401 (K) FEE	1,300	0		1,300
MISCELLANEOUS	1,241	0		1,241
WEBSITE SUPPORT	9,464	0		9,464
SPONSORSHIPS	38,798	0		38,798
MEMBERSHIP DUES	8,000	0		8,000
INSURANACE	4,343	0		4,343

# Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
THEFT LOSS	55,000	0		55,000

**TY 2019 Other Income Schedule****Name:** WILSON SHEEHAN FOUNDATION**EIN:** 32-6266976**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
STONEHILL INSTITUTIONAL PARTNERS	817,406	1,128,881	817,406
TAX REFUND-STATE	25,498		25,498

**TY 2019 Other Professional Fees Schedule****Name:** WILSON SHEEHAN FOUNDATION**EIN:** 32-6266976

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT FEES	177,168	177,168		0
CONSULTING	22,574	0		22,574

**TY 2019 Substantial Contributors  
Schedule****Name:** WILSON SHEEHAN FOUNDATION**EIN:** 32-6266976**Name****Address**

CHRIS LORRAINE WILSON

931 OLD POST ROAD  
FAIRFIELD, CT 06824

**TY 2019 Taxes Schedule****Name:** WILSON SHEEHAN FOUNDATION**EIN:** 32-6266976

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	15,827	0		15,827
FEDERAL TAXES	41,965	0		0
FOREIGN TAXES	7,226	7,226		0
UBIT	0	0		0
STATE TAXES	0	0		0



<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF.</b> ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.	OMB No. 1545-0047
		<b>2019</b>
Name of the organization WILSON SHEEHAN FOUNDATION		<b>Employer identification number</b> 32-6266976

Organization type (check one):

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization  
WILSON SHEEHAN FOUNDATION

Employer identification number  
32-6266976

**Part I**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHRISTOPHER E AND LORRAINE WILSON 931 OLD POST ROAD FAIRFIELD, CT 06824	\$ 5,000,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	CHRISTOPHER E AND LORRAINE WILSON 931 OLD POST ROAD FAIRFIELD, CT 06824	\$ 2,222,918	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization WILSON SHEEHAN FOUNDATION	Employer identification number 32-6266976
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given (see instructions). Use duplicate copies of Part II if additional space is needed.	(c) FMV (or estimate) (See instructions)	(d) Date received
2	293,261 SHARES OF MIMEDX GROUP INC. STOCK	\$ 2,222,918	2019-12-31
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization WILSON SHEEHAN FOUNDATION	Employer identification number 32-6266976
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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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	