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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491211007030

2019

OMB No 1545-0052

## **Return of Private Foundation**

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

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

Open to Public Inspection

		ndar year 2019, or tax year beginning 07-01-20	019 , a	nd ending 06-30-			
		indation & RUTH WILKOF FOUNDATION		34-1536119	entification numbe	er ·	
Num	her and	I street (or P O box number if mail is not delivered to street address	) Room/suite				
4774 MUNSON STREET NW NO 402				·	B Telephone number (see instructions)		
		, state or province, country, and ZIP or foreign postal code		(330) 966-9400			
CAN <sup>-</sup>	TON, O	H 44718		C If exemption	application is pendir	ng, check here	
G Ch	neck al	l that apply $igsqcup$ Initial return $igsqcup$ Initial return of a	former public charity	<b>D 1.</b> Foreign or	ganızatıons, check h	ere 🕨 🔲	
		Final return Amended return			ganizations meeting k here and attach co		
		Address change Name change			undation status was	· -	
_		pe of organization $lacksquare$ Section 501(c)(3) exempt private a 4947(a)(1) nonexempt charitable trust $lacksquare$ Other taxab	foundation le private foundation		n 507(b)(1)(A), che		
		ket value of all assets at end  J Accounting method	Cash Accru	F If the foundation	ation is in a 60-mont	h termination 🖂	
of '	year (f	rom Part II, col (c),  ■ 1 126 326  Other (specify)			n 507(b)(1)(B), chec		
	20)	(Part I, column (d) must	t be on cash basis )				
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable	
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	income	income	purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach				(cash basis only)	
		schedule)					
	2	Check ► ✓ 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	38,358	38,358			
	5a	Gross rents					
æ	Ь	Net rental income or (loss)	-				
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10	75,521				
Revenue	р 7	Gross sales price for all assets on line 6a 311,516 Capital gain net income (from Part IV, line 2)		75,521			
~	8	Net short-term capital gain		, 3,321			
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)	00.1				
	11	Other income (attach schedule)	48				
	12 13	Total. Add lines 1 through 11	113,927 2,047	· · · · · · · · · · · · · · · · · · ·			
	14	Other employee salaries and wages	2,047				
Š	15	Pension plans, employee benefits					
nse	16a	Legal fees (attach schedule)					
×	ь	Accounting fees (attach schedule)	3,000	0		C	
e F	С	Other professional fees (attach schedule)	5,825	5,825		C	
ati≤	17	Interest					
<u> </u>	18	Taxes (attach schedule) (see instructions)	2,011	. 0		C	
Ē	19	Depreciation (attach schedule) and depletion					
ΑŒ	20 21	Occupancy					
<u> </u>	22	Printing and publications					
р <u>Б</u>	23	Other expenses (attach schedule)	225	0		C	
Operating and Administrative Expenses	24	Total operating and administrative expenses.					
<u>5</u>		Add lines 13 through 23	13,108	5,825		C	
)	25	Contributions, gifts, grants paid	106,750			106,750	
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	119,858	5,825		106,750	
	27	Subtract line 26 from line 12	119,858	5,625		106,750	
	а	Excess of revenue over expenses and	F				
	ь	disbursements  Net investment income (if negative, enter -0-)	-5,931	108,102			
	c	Adjusted net income (if negative, enter -0-)		100,102			
or	Daner	work Reduction Act Notice, see instructions.	1	Cat No. 11289	/ 500	rm <b>000-PF</b> (2010)	

Page 2

78,809

270,363

1,126,326

78,377

293,504

866,050

3,050,183

-2,184,133

866,050

866,050

1

2

3

4

5

6

871,981

-5,931

866,050

866,050 Form 990-PF (2019)

0

2,973,825

-2,101,844

871.981

871,981

	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	۱ ۲	Investments—corporate stock (attach schedule)	479.071	<b>4</b> 93 852	776.83

## Investments—corporate bonds (attach schedule) . 49,804 C Investments—land, buildings, and equipment basis ▶ \_ 11 Less accumulated depreciation (attach schedule) 12 Investments—mortgage loans . . . Investments—other (attach schedule) . . 311,408 13 14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶ 15 Other assets (describe . Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 871,981

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17

18

19

20

21

22

23

24 25

28

30

Part III

Liabilities

Fund Balances

ŏ 26

Assets 27

Net 29

2

Grants payable

Other liabilities (describe -

Accounts payable and accrued expenses .

and complete lines 24, 25, 29 and 30. Net assets without donor restrictions .

Net assets with donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Add lines 1, 2, and 3 . . . . . . .

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

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

**Analysis of Changes in Net Assets or Fund Balances** 

Paid-in or capital surplus, or land, bldg, and equipment fund

Foundations that follow FASB ASC 958, check here

	e the kind(s) of property sold (e g , arehouse, or common stock, 200 shs		How acquired P—Purchase D—Donation	Date acquired (mo , day, yr )	Date sold (mo , day, yr )
<b>1a</b> See Additional Data Tabl	e				
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g Cost or oth plus expens	ner basis	Gain o	h) r (loss) ) minus (g)
a See Additional Data Table	e .			, , , , ,	191
b					
С					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation on	12/31/69	(	I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k Excess of over col (	col (ı)	Gains (Col ( col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a See Additional Data Tabl	e				
b					
С					
d					
e					
2 Capital gain net income	or (net capital loss)	If gain, also enter in Part If (loss), enter -0- in Par	· .	2	75,521
3 Net short-term capital o	gain or (loss) as defined in sections 1	1222(5) and (6)			,
•	rt I, line 8, column (c) (see instruction	ons) If (loss), enter -0-	}	3	
Part V Qualification U	Jnder Section 4940(e) for Re	educed Tax on Net I	nvestment In	come	
(For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on net i	nvestment incom	ie )	
		• •			
	eave tnis part blank le section 4942 tax on the distributal ot qualify under section 4940(e) Do		the base period	P ☐ Ye	es 🔽 No
·	nount in each column for each year,		naking any entrie	S	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-	use assets	(d) Distribution rati (col (b) divided by c	
2018	94,750		1,177,065		0 080497
2017	83,250		1,194,175		0 069713
2016	118,815		1,155,843		0 102795
2015	120,388		1,145,292		0 105116
2014	126,200		1,302,676		0 096878
2 Total of line 1, column (	•		2		0 454999
number of years the four	o for the 5-year base period—divide to idation has been in existence if less	than 5 years 🔒 🧘 💃	3		0 091000
	ncharitable-use assets for 2019 from	•	4		1,169,783
			5		106,450
	ent income (1% of Part I, line 27b)		6		1,081
			7		107,531
	ons from Part XII, line 4 ,			10/1 -	106,750
If line 8 is equal to or gre instructions	eater than line 7, check the box in Pa	art VI, line 1b, and compl	ete that part usin	g a 1% tax rate Se	e the Part VI

Page **6** 

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Pai	rt VII-B Statements Rega	rding Activities	for Which I	Form 4720 May Be	Required (conti	nued)			
5a	During the year did the foundatio	n pay or incur any a	mount to					Yes	No
	(1) Carry on propaganda, or othe	rwise attempt to inf	fluence legislat	tion (section 4945(e))?		es 🗸	No.		
(2) Influence the outcome of any specific public election (see section 4955), or to carry					es 🗀	"			
	on, directly or indirectly, any voter registration drive? Yes					es 🗸	No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes					es 🗸	No		
	(4) Provide a grant to an organiz			-					
	in section 4945(d)(4)(A)? See				· ·	'es 🗹	No		
	(5) Provide for any purpose other				_				
L	educational purposes, or for t	•	•		т	es 🗹	No		
D	If any answer is "Yes" to 5a(1)–(5 Regulations section 53 4945 or in	•			•	n	5b		No
	Organizations relying on a curren		-			· ·	30		NO
С	If the answer is "Yes" to question								
·	tax because it maintained expend			•					
	If "Yes," attach the statement req		-		L	'es □	No		
6a	Did the foundation, during the year				ıms on				
•	a personal benefit contract?.	•			_				
ь	Did the foundation, during the year				Ү	'es ☑	No 6b		No
	If "Yes" to 6b, file Form 8870	,, ,,	,	,, ,					
7a	At any time during the tax year, v	vas the foundation a	a party to a pro	ohibited tax shelter trar	isaction?	es 🗸			
b	If "Yes", did the foundation receive	e any proceeds or h	ave any net in	ncome attributable to th	e transaction?	es 🖭	NO   7b		
8	Is the foundation subject to the s	ection 4960 tax on p	payment(s) of	more than \$1,000,000	ın remuneratıon or				
	excess parachute payment during	the year?			· · □ <b>、</b>	es 🗸	No		
	Information About	Officers, Direc	tors, Truste	es, Foundation Ma					
Pai	rt VIIII and Contractors								
1	List all officers, directors, trus	ees, foundation n	nanagers and	l their compensation.	See instructions				
		(b) Title, and		(c) Compensation (If	(d) Contributio		(e) Exper	se acc	ount.
	(a) Name and address	hours per devoted to		not paid, enter -0-)	employee benefit p deferred comper		other a		
DAVI	D SCHRADE	PRESIDENT		0		0			C
	MUNSON STREET NW SUITE 402	4 00							
	ON, OH 44718	050057407							
	AEL SWEENEY	SECRETARY		2.047		_			U
	MAIN CT FOO	1 00		2,047		0			
AKRON, OH 44311						0			
	5 MAIN ST 500 N, OH 44311 ARD WILKOF	TRUSTEE		2,047		0			0
718 J	N, OH 44311 ARD WILKOF EFFERSON AVE			· ·					0
718 J NEW	N, OH 44311 ARD WILKOF EFFERSON AVE ORLEANS, LA 70115	TRUSTEE 1 00	ther than the	0	—see instruction	0	e. enter "	NONE	0
718 J NEW	N, OH 44311 ARD WILKOF EFFERSON AVE	TRUSTEE 1 00 paid employees (o		0		0 <b>s). If no</b> n	e, enter "	NONE.	C
718 J NEW	N, OH 44311  ARD WILKOF  EFFERSON AVE  ORLEANS, LA 70115  Compensation of five highest-I  Name and address of each employe	TRUSTEE 1 00 paid employees (o	and average	0 ose included on line 1	(d) Contribution employee ber	0  S). If non  ns to  nefit	(e) Expens	se acco	unt,
718 J NEW	N, OH 44311  ARD WILKOF  EFFERSON AVE  ORLEANS, LA 70115  Compensation of five highest-	TRUSTEE 1 00  paid employees (of the paid (b) Title, a hours paid (b) Title, a hours paid (c)		0	(d) Contribution employee bere plans and defe	0  s). If non  ns to  nefit  nred		se acco	unt,
718 J NEW 2 (a)	N, OH 44311  ARD WILKOF  EFFERSON AVE ORLEANS, LA 70115  Compensation of five highest-I  Name and address of each employed more than \$50,000	TRUSTEE 1 00  paid employees (of the paid (b) Title, a hours paid (b) Title, a hours paid (c)	and average per week	0 ose included on line 1	(d) Contribution employee ber	0  s). If non  ns to  nefit  nred	(e) Expens	se acco	unt,
718 J NEW	N, OH 44311  ARD WILKOF  EFFERSON AVE ORLEANS, LA 70115  Compensation of five highest-I  Name and address of each employed more than \$50,000	TRUSTEE 1 00  paid employees (of the paid (b) Title, a hours paid (b) Title, a hours paid (c)	and average per week	0 ose included on line 1	(d) Contribution employee bere plans and defe	0  s). If non  ns to  nefit  nred	(e) Expens	se acco	unt,
718 J NEW 2 (a)	N, OH 44311  ARD WILKOF  EFFERSON AVE ORLEANS, LA 70115  Compensation of five highest-I  Name and address of each employed more than \$50,000	TRUSTEE 1 00  paid employees (of the paid (b) Title, a hours paid (b) Title, a hours paid (c)	and average per week	0 ose included on line 1	(d) Contribution employee bere plans and defe	0  s). If non  ns to  nefit  nred	(e) Expens	se acco	unt,
718 J NEW 2 (a)	N, OH 44311  ARD WILKOF  EFFERSON AVE ORLEANS, LA 70115  Compensation of five highest-I  Name and address of each employed more than \$50,000	TRUSTEE 1 00  paid employees (of the paid (b) Title, a hours paid (b) Title, a hours paid (c)	and average per week	0 ose included on line 1	(d) Contribution employee bere plans and defe	0  s). If non  ns to  nefit  nred	(e) Expens	se acco	unt,
718 J NEW 2 (a)	N, OH 44311  ARD WILKOF  EFFERSON AVE ORLEANS, LA 70115  Compensation of five highest-I  Name and address of each employed more than \$50,000	TRUSTEE 1 00  paid employees (of the paid (b) Title, a hours paid (b) Title, a hours paid (c)	and average per week	0 ose included on line 1	(d) Contribution employee bere plans and defe	0  s). If non  ns to  nefit  nred	(e) Expens	se acco	unt,
718 J NEW 2 (a)	N, OH 44311  ARD WILKOF  EFFERSON AVE ORLEANS, LA 70115  Compensation of five highest-I  Name and address of each employed more than \$50,000	TRUSTEE 1 00  paid employees (of the paid (b) Title, a hours paid (b) Title, a hours paid (c)	and average per week	0 ose included on line 1	(d) Contribution employee bere plans and defe	0  s). If non  ns to  nefit  nred	(e) Expens	se acco	unt,
718 J NEW 2 (a)	N, OH 44311  ARD WILKOF  EFFERSON AVE ORLEANS, LA 70115  Compensation of five highest-I  Name and address of each employed more than \$50,000	TRUSTEE 1 00  paid employees (of the paid (b) Title, a hours paid (b) Title, a hours paid (c)	and average per week	0 ose included on line 1	(d) Contribution employee bere plans and defe	0  s). If non  ns to  nefit  nred	(e) Expens	se acco	unt,
718 J NEW 2 (a)	N, OH 44311  ARD WILKOF  EFFERSON AVE ORLEANS, LA 70115  Compensation of five highest-I  Name and address of each employed more than \$50,000	TRUSTEE 1 00  paid employees (of the paid (b) Title, a hours paid (b) Title, a hours paid (c)	and average per week	0 ose included on line 1	(d) Contribution employee bere plans and defe	0  s). If non  ns to  nefit  nred	(e) Expens	se acco	unt,
718 J NEW 2 (a)	N, OH 44311  ARD WILKOF  EFFERSON AVE ORLEANS, LA 70115  Compensation of five highest-I  Name and address of each employed more than \$50,000	TRUSTEE 1 00  paid employees (of the paid (b) Title, a hours paid (b) Title, a hours paid (c)	and average per week	0 ose included on line 1	(d) Contribution employee bere plans and defe	0  s). If non  ns to  nefit  nred	(e) Expens	se acco	unt,
718 J NEW 2 (a)	N, OH 44311  ARD WILKOF  EFFERSON AVE ORLEANS, LA 70115  Compensation of five highest-I  Name and address of each employed more than \$50,000	TRUSTEE 1 00  paid employees (of the paid (b) Title, a hours paid (b) Title, a hours paid (c)	and average per week	0 ose included on line 1	(d) Contribution employee bere plans and defe	0  s). If non  ns to  nefit  nred	(e) Expens	se acco	unt,
RICH/718 J NEW 2 (a)	N, OH 44311  ARD WILKOF  EFFERSON AVE ORLEANS, LA 70115  Compensation of five highest-I  Name and address of each employed more than \$50,000	TRUSTEE 1 00  paid employees (of the paid hours paid devoted to the paid hours paid hours paid to the paid hours paid to the paid hours paid to the pa	and average per week to position	ose included on line 1	(d) Contribution employee ber plans and defection compensation	0  s). If non  ns to  nefit  nred	(e) Expens	se acco	unt,

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (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 rele- organizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see II	nstructions)	
Describe the two largest program-related investments made by the foundation during th	<u> </u>	Amount
1	,	
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form <b>990-PF</b> (2019)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

За 3h

4

5

106.750

106.750

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Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

3

4

5

Page 9

56,327

56,327

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0

•	
XIII	•

Form

n 990-PF (2	019)	
art XIII	Undistributed Income	(see instructions)

**b** Total for prior years

From 2014. . . . .

**b** From 2015. . . . c From 2016. . .

d From 2017. . . . .

e From 2018. . . . .

Distributable amount for 2019 from Part XI, line 7

62,466 64,147

61 693

27.150 37,367

64.147 61,693

27.150

37.367

50.423

2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only. . . . . .

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2019 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2019

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. .

**b** Excess from 2016. .

d Excess from 2018. .

e Excess from 2019. .

c Excess from 2017. . . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . 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. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see 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 required - see instructions) . . . . . . . . 8 Excess distributions carryover from 2014 not

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$ a 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). . . . . . . . . . (a)

Corpus

252,823

50.423

303,246

62,466

240,780

0

(b)

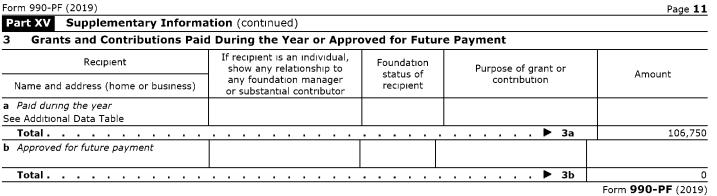
Years prior to 2018

(c)

2018

factors

DONEE MUST HAVE EXEMPT STATUS AS DETERMINED BY THE IRS



rt XVI-A Analysis of Income-Producing	Unrelated business income Excluded by section			n 512 513 or 514	(e)
er gross amounts unless otherwise indicated	(a)	(b)	(c)	(d)	Related or exemption function income
Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions
i					
Fees and contracts from government agencies  1embership dues and assessments					
nterest on savings and temporary cash					
nvestments					
Dividends and interest from securities			14	38,358	
let rental income or (loss) from real estate					
Debt-financed property					
Not debt-infanced property					
Other investment income					
Gain or (loss) from sales of assets other than					
nventory			18	75,521	
let income or (loss) from special events					
Gross profit or (loss) from sales of inventory Other revenue					
MISCELLANEOUS INCOME			14	48	
·					
e		(		113,927	ı
d	ulations )			113,927 <b>3</b>	ı
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculated and the color of the	ulations ) he Accomplis	hment of Exem	pt Purposes	3	113,92
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calculated the color of	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calculated the second line of Activities to the accomplishment of the foundation's of the foundation's complishment of the foundation of the foundat	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,92
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calculated the total services of the color of the	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calculated the color of	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calculated the second seco	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
Subtotal Add columns (b), (d), and (e).  Fotal. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calculated the second seco	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calcutable and the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation the foundation's explain the foundation the foun	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calcutable and the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation the foundation's explain the foundation the foun	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
ubtotal Add columns (b), (d), and (e).  otal. Add line 12, columns (b), (d), and (e).  see worksheet in line 13 instructions to verify calcutable.  Explain below how each activity for which the accomplishment of the foundation's explain.	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
ubtotal Add columns (b), (d), and (e).  otal. Add line 12, columns (b), (d), and (e).  see worksheet in line 13 instructions to verify calcutable.  Explain below how each activity for which the accomplishment of the foundation's explain.	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
ubtotal Add columns (b), (d), and (e).  otal. Add line 12, columns (b), (d), and (e).  see worksheet in line 13 instructions to verify calcutable.  Explain below how each activity for which the accomplishment of the foundation's explain.	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
instructions (b), (d), and (e).  fotal. Add line 12, columns (b), (d), (d), and (e).  fotal. Add line 12, columns (b), (d), (d), (d), (d), (d), (d), (d).  fotal. Add line 12, (d), (d), (d), (d), (d), (d), (d), (d)	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calculated the second seco	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
Subtotal Add columns (b), (d), and (e).  Fotal. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calculated the second seco	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
Subtotal Add columns (b), (d), and (e).  Fotal. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calculated the second seco	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
Subtotal Add columns (b), (d), and (e).  Fotal. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calculated the second seco	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
Subtotal Add columns (b), (d), and (e).  Fotal. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calculated the second seco	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calculated the color of	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calculated the total services of the color of the	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,9
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calculated the second seco	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,92
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calculated the color of	ulations ) he Accomplis i income is report	hment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	113,92

orm 990-P	, ,						Pa	ge <b>13</b>
Part XV	Information Re Exempt Organi		fers To and Transac	tions and Rela	tionships With Nonch	aritable		
		directly engage in			ation described in section 5 tions?	01	Yes	No
a Transfer	rs from the reporting foun	dation to a nonch	arıtable exempt organıza	tion of				
(1) Ca	sh					1a(1)		No
(2) Oth	ner assets					1a(2)		No
<b>b</b> Other tr	ansactions							
<b>(1)</b> Sa	les of assets to a nonchari	table exempt org	anization			1b(1)		No
	rchases of assets from a n		· -			1b(2)	+	No
	ntal of facilities, equipmer	•				1b(3)		No
	ımbursement arrangemen					1b(4)		No
	ans or loan guarantees.					1b(5)		No
٠,	formance of services or m	·	<del>-</del>			1b(6)		No
_	of facilities, equipment, n	-			d always show the fair mark	1c		No
ın any tı (a) Lıne No	ransaction or sharing arra  (b) Amount involved		column (d) the value of		nssets, or services received	sharing arra	ingemer	ıts
describe	oundation directly or indirectly or indirect	than section 501 chedule	·	·		☑ No elationship		
of w		, it is true, correct			anying schedules and stater her than taxpayer) is based	on all info	rmatioi	n of
Sign Here	*****		2020-07-29	****	* re	ay the IRS d turn Ith the prepa		
	Signature of officer or to	rustee	Date	Title	be	elow ee instr)	_	
	Print/Type preparer's	name Prep	parer's Signature	Date	Check if self-		E026	
Paid	DAVID J SCHRADE				employed ▶ □	P0001		
Prepare	_     I I I I I I I I I I I I I I I I I	NEY NOVOTNY L	LC		Firm	's EIN ►34	-06770	)06

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, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 20 SHS AMAZON COM INC 2015-11-04 2019-09-17 25 SHS APPLE INC 2016-02-02 2019-09-17 100 SHS CHURCH & DWIGHT COMPANY INC 2017-04-19 2019-09-17 200 SHS BROOKFIELD REAL ASSETS INCOME FUND 2015-04-23 2019-09-17 200 SHS DOUBLELINE INCOME SOLUTIONS FUND 2016-04-14 2019-09-17 435 47 SHS BUCKEYE PARTNERS LP 2001-01-01 2019-11-01 148 SHS CUMMINS INC 2001-01-01 2020-01-03 995 CUMMINS INC 2019-12-02 2020-01-08 381 SHS DISCOVER FINANCIAL SERVICES 2020-01-01 2020-01-28 005 SHS DISCOVER FINANCIAL SERVICES 2020-01-31 2019-12-05 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 36,280 12,828 23,452 5,486 2,385 3,101 7,314 5,060 2,254 4,502 4.799 -297 3,950 3,443 507 18,072 12,457 5,615 26,028 15,470 10,558 173 183 -10 28,698 27,115 1,583 0 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 23,452 3,101 2,254 -297 507 12,457 10,558 -10 1,583 0

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, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 267 SHS GENUINE PARTS CO 2020-01-01 2020-01-09 158 SHS GENUINE PARTS CO 2020-01-02 2020-01-14 50 SHS MICROSOFT CORP 2015-02-05 2020-01-10 444 SHS RAYTHEON TECHNOLOGIES 2019-04-03 2020-04-03 241 SHS SMUCKERS 2020-01-01 2020-01-09 009 SHS SMUCKER JM COMPANY 2019-12-02 2020-01-14 604 SHS SUNCOR ENERGY INC 2020-01-01 2020-01-03 941 SHS SUNCOR ENERGY INC 2019-12-27 2020-01-08 25000 SHS AMERICAN HONDA 2019-03-13 2020-03-13 25000 SHS BANK AMERICA CORP 2020-04-21 2019-11-15 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 26.804 23.783 3,021 16 17 -1 8,144 2,104 6,040 22 35 -13 24,989 15,486 9,503 1 19,914 17,640 2,274 32 31 1 25,000 25,000 0 25,000 25,000 0 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 3,021 -1 6,040 -13 9,503 2,274 1 0 0

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, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) Date acquired Date sold How acquired P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 25000 SHS JOHN DEERE 2019-03-13 2020-03-13 25000 SHS GOLDMAN SACHS GROUP 2019-11-15 2020-03-16 CAPITAL GAINS DIVIDENDS Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Cost or other basis Gain or (loss) Depreciation allowed (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (g) (f) 25,000 25.000 O 25.000 25,000 1,091 1,091 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (i) as of 12/31/69 (k) over col (1), if any 0

1,091

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
ANTI-DEFAMATION LEAGUE	THIRD PARTIES	PUBLIC	FUNDRAISING	2,000

605 THIRD AVENUE NEW YORK, NY 10158		CHARITY		
ARTS IN STARKPO BOX 21190 CANTON, OH 44701	THIRD PARTIES	PUBLIC CHARITY	COMMUNITY PROJECT	1

ARTS IN STARKPO BOX 21190 CANTON, OH 44701	THIRD PARTIES	PUBLIC CHARITY	COMMUNITY PROJECT	1,000
BAYLOR HEATHCARE SYSTEMS FOUNDATION 3600 GASTON AVENUE SUITE 100	THIRD PARTIES	FOUNDATION	MEDICAL RESEARCH	3,000

BAYLOR HEATHCARE SYSTEMS FOUNDATION 3600 GASTON AVENUE SUITE 100 DALLAS, TX 75246	THIRD PARTIES	FOUNDATION	MEDICAL RESEARCH	3,000
CANTON, OH 44701	THIRD PARTIES	CHARITY	COMMONITY PROJECT	1,000

CANTON, OH 44701		CHARITY		
BAYLOR HEATHCARE SYSTEMS FOUNDATION 3600 GASTON AVENUE SUITE 100 DALLAS, TX 75246	THIRD PARTIES	FOUNDATION	MEDICAL RESEARCH	3,000
Total			<b>&gt;</b> 3a	106,750

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BERNARD & SANFORD WILKOF POST THIRD PARTIES PUBLIC CURRENT NEEDS 1.250

#73 432 30TH STREET NW CANTON, OH 44709		CHARITY		
CANTON JEWISH COMMUNITY	THIRD PARTIES	PUBLIC	FUNDRAISING	

CANTON JEWISH COMMUNITY FEDERATION 432 30TH STREET NW CANTON, OH 44709	THIRD PARTIES	PUBLIC CHARITY	FUNDRAISING	1,000
CLEVELAND CLINIC FOLINDATION	TUIDD DADTIEC	LECTIVIDATION	MEDICAL DECEARCH	45.000

FEDERATION 432 30TH STREET NW CANTON, OH 44709		CHARITY		
CLEVELAND CLINIC FOUNDATION	THIRD PARTIES	FOUNDATION	MEDICAL RESEARCH	15,00

CANTON, OH 44709				
CLEVELAND CLINIC FOUNDATION PO BOX 931517	THIRD PARTIES	FOUNDATION	MEDICAL RESEARCH	15,000

'				
ELEVELAND CLINIC FOUNDATION O BOX 931517 ELEVELAND, OH 44193	THIRD PARTIES	FOUNDATION	MEDICAL RESEARCH	15,000

106,750

CLEVELAND CLINIC FOUNDATION	THIRD PARTIES	FOUNDATION	MEDICAL RESEARCH	15,0
PO BOX 931517				
CLEVELAND, OH 44193				

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CLEVELAND ORCHESTRA THIRD PARTIES PUBLIC YOUTH CHORUS 12,500 11001 EUCLID AVENUE CHARITY CLEVELAND, OH 44106

,,				
DRONG NGUR JANGCHUBLING 7040 FERNLEAF COURT PORT RICHEY, FL 34668	THIRD PARTIES	PUBLIC CHARITY	BUILDING FUND	1,000
FLORIDA CENTER FOR CHILD & FAMILY DEVELOPMENT	THIRD PARTIES	PUBLIC CHARITY	CHILD AND FAMILY DEVELOPMENT	1,500

PORT RICHEY, FL 34668				
FLORIDA CENTER FOR CHILD & FAMILY DEVELOPMENT 4620 17TH STREET SARASOTA, FL 34235	THIRD PARTIES	PUBLIC CHARITY	CHILD AND FAMILY DEVELOPMENT	1,500
Total			▶ 3a	106,750

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
FRIENDS OF WWOZ INCPO BOX 51840 NEW ORLEANS, LA 70151	THIRD PARTIES	PUBLIC CHARITY	CULTURAL PROGRAMS	17,500
1 STREET EDUCATION FUND	THIRD DARTIES	DUBLIC	EDUCATIONAL PROGRAMS	5 000

J STREET EDUCATION FUND PO BOX 66073 WASHINGTON, DC 20035	THIRD PARTIES	PUBLIC CHARITY	EDUCATIONAL PROGRAMS	5,000
JEWISH FEDERATION OF GREATER NEW	THIRD PARTIES	PUBLIC	COMMUNITY	4,500

J STREET EDUCATION FUND PO BOX 66073 WASHINGTON, DC 20035	THIRD PARTIES	PUBLIC CHARITY	EDUCATIONAL PROGRAMS	5,000
JEWISH FEDERATION OF GREATER NEW ORLEANS 3747 W ESPLANADE AVENUE METAIRIE, LA 70002	THIRD PARTIES	PUBLIC CHARITY	COMMUNITY	4,500

PO BOX 66073 WASHINGTON, DC 20035		CHARITY		
JEWISH FEDERATION OF GREATER NEW ORLEANS 3747 W ESPLANADE AVENUE METAIRIE, LA 70002	THIRD PARTIES	PUBLIC CHARITY	COMMUNITY	4,500
Total			▶ 3a	106,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NEW ORLEANS JAZZ & HERITAGE THIRD PARTIES FOUNDATION **CULTURAL PROGRAMS** 17,500 FESTIVAL FOUNDATION

1205 NORTH RAMPART STREET NEW ORLEANS, LA 70116				
NEW ORLEANS MUSICIANS ASSISTANCE FOUNDATION 3700 ST CHARLES AVENUE	THIRD PARTIES	FOUNDATION	CULTURAL PROGRAMS	17,500

ASSISTANCE FOUNDATION 3700 ST CHARLES AVENUE NEW ORLEANS, LA 70115	THEFACTES	TOUNDATION	COLITIVAL FROGRAMS	17,500
ROTARY CLUB OF CANTON	THIRD PARTIES		COMMUNITY PROJECTS	1,000

NEW ORLEANS, LA 70115			
ROTARY CLUB OF CANTON 203 CLEVELAND AVENUE NW CANTON, OH 44702	THIRD PARTIES	COMMUNITY PROJECTS	1,000

Total .

3a

106,750

a Paid during the year				
STARK COUNTY HUNGER TASK FORCE 408 9TH STREET SW CANTON, OH 44707	THIRD PARTIES	PUBLIC CHARITY	FOOD FOR NEEDY	1,000
TEMPLE ISRAEL432 30TH STREET NW CANTON, OH 44709	THIRD PARTIES	PUBLIC CHARITY	CURRENT NEEDS	1,000

CANTON, OF 44707				
TEMPLE ISRAEL432 30TH STREET NW CANTON, OH 44709	THIRD PARTIES	PUBLIC CHARITY	CURRENT NEEDS	1,000
UNITED WAY OF GREATER STARK COUNTY 401 MARKET AVENUE NORTH SUITE 300 CANTON, OH 44702	THIRD PARTIES	PUBLIC CHARITY	COMMUNITY PROJECTS	1,000
Total			▶ 3a	106,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
US HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PLACE SW	THIRD PARTIES	PUBLIC CHARITY	FUNDRAISING PROGRAMS	1,500

00 RAOUL WALLENBERG PLACE SW /ASHINGTON, DC 20024		CHARITY		
/AT-LIBRARY NETWORK	THIRD PARTIES	PUBLIC CHARITY	GENERAL PROGRAMS	

WAT-LIBRARY NETWORK	THIRD PARTIES	PUBLIC	GENERAL PROGRAMS	1,000
27 OLD BILLERICA ROAD		CHARITY		
BEDFORD, MA 01730				

27 OLD BILLERICA ROAD BEDFORD, MA 01730	CHARITY		,
Total	 	▶ 3a	106,750

efile GRAPHIC print - DO NOT PROC	CESS As Filed D	ata -	D	LN: 93491211007030	
<b>TY 2019 Accounting Fees</b>	Schedule			_	
Name: EDWARD & RUTH WILKOF FOUNDATION					
	<b>EIN:</b> 34-1536:				
			<del>i</del>	+1	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING FEES	3,000	0		0	

effie GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 9349121100/030
<b>-</b>			
TY 2019 Investments Corpora	ite Bonas Scheauk	e	
Name:	EDWARD & RUTH WIL	KOF FOUNDATION	
EIN:	34-1536119		

DIN. 02404244007020

78,377

78,809

-Sile CDADUTC ---int DO NOT DDOCECC As Elled Date

BONDS

EIN: 34-1330119		
Investments Corporate Bonds Schedule		
Name of Bond	End of Year Book Value	End of Year Fair Market Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491211007030
TY 2019 Investments Corpora	te Stock Schedule	
0_5com.cc		
Name:	EDWARD & RUTH WILKOF FOUNDATION	1
EIN:	34-1536119	

DIN. 00404344007030

-Sile CDADUTC maint DO NOT DDOCECC As Filed Date

Investments	Corporation Stock Schedule		
	Name of Stock	End of Year Book Value	End of Year Fair Market Value
STOCKS		493,852	776,837

erile GRAPHIC PHIIL - DO NOT PROCESS	AS Filed Data -	DLN. 93491211007030
TY 2019 Investments - Other S	Schedule	
Name:	EDWARD & RUTH WILKOF	FOUNDATION

DI N: 93491211007030

10,000

10,000

efile GPARHIC print - DO NOT PROCESS | As Filed Data -

STATE OF ISRAEL BONDS

LIN	34-1330113		
Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	AT COST	283,504	260,363

AT COST

ETN: 3/-1536110

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491211007030		
TY 2019 Other Expenses Schedule						
Name: EDWARD & RUTH WILKOF FOUNDATION						
EIN:	<b>EIN:</b> 34-1536119					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

225

Other Expenses Schedule		
Description	Re	

ANNUAL FILING FEE - STATE OF OHIO

Name: EDWARD & RUTH WILKOF FOUNDATION

	<b>EIN:</b> 34-1536119	
Other Income Schedule		

As Filed Data -

Description

MISCELLANEOUS INCOME

48

Net Investment Income

48

**Adjusted Net Income** 

48

Revenue And **Expenses Per Books** 

file GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491211007030						
TY 2019 Other Professional Fees Schedule						
N EDWARD & BUTU WILKOF FOUNDATION						
Name: EDWARD & RUTH WILKOF FOUNDATION						
<b>EIN:</b> 34-1536119						
Category	Amount	Net Investment	Adjusted Net	Disbursements		
		Income	Income	for Charitable		

5,825

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursement for Charitable
				Purposes

5,825

INVESTMENT MANAGEMENT FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	a - DLN: 93491211007030			
TY 2019 Taxes Schedule	<u> </u>				
Nama			INDATION		
name:	Name: EDWARD & RUTH WILKOF FOUNDATION				
<b>EIN:</b> 34-1536119					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
EXCISE TAX ON NET INVESTMENT INCOME	1,982	0		0	
	<del>-</del>				