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2019

OMB No. 1545-0052

Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

Open to Public Inspection

| Total operating and administrative expenses. Add lines 13 through 23 | or | caler | ndar year 2019, or tax year beginni | ng 07-01-20 |)19 , | and e | ending 06-30- | 2020 | |
|--|----------|---------|--|--------------------|---------------------|-------|------------------------|-----------------------|---|
| Reference and groved (or 1-0.1 bor number of mail in not converse to stread addresso) Sortification Service and groved (or 1-0.1 bor number (see institute on 1-0.5) Clinical all that apply: Initial return Initial retu | | | | | | | A Employer id | entification numbe | r |
| Clie or town, state or province, councy, and ZIP or foreign special code City or town, state or province, councy, and ZIP or foreign special code City or town, state or province, councy, and ZIP or foreign special code City or town, state or province, councy, and ZIP or foreign special code City or town, state or province, councy, and ZIP or foreign special code City or town, and the complete council in this reterm of a former public charity Final market value of all provinces and complete control or special code City or town | | | | | | | 34-6529813 | | |
| Citie or province, caseity, and 27 or fereign posital code Code Cod | | | | to street address) | Room/suite | | B Telephone nu | mber (see instruction | ns) |
| Check all that apply: Initial return Initial return Initial return Amended return Amended return Anderes change Paral return Amended return Anderes change Paral return Amended return Anderes change Paral return Amended return Amended return Anderes change Paral return Amended return Anderes change Paral ret | City | or town | state or province, country, and ZID or foreign post- | al codo | | | (567) 364-4050 |) | |
| Check type of organization: | | | | ai code | | | C If exemption | application is pendin | g, check here |
| Contributions, gifts, grants, etc., received database information Cash Dividenda and interest from securities 13,623 13 | G Ch | neck al | l that apply: 🔲 Initial return 🔲 Ini | tial return of a | former public chari | ty | D 1. Foreign or | ganizations, check he | ere |
| Check type of organization: Section 501(c)(3) exempt private foundation | | | ☐ Final return ☐ Ai | mended return | | | | | |
| Content page Cont | | | Address change \square N | ame change | | | | | · - |
| Fair market value of all assets at end of year (from Part II, col. (c). Other (specify) Other (s | | | | | | | | | |
| of year (from Part II, col., (c), Orther (specify) Part II Analysis of Revenue and Expenses. (Part I, column (d) must be on cash basis.) Part II Analysis of Revenue and Expenses. (Part I, column (d) must be on cash basis.) Part II Analysis of Revenue and Expenses. (Part I Part I) Part I | | | | | | | - F 15 th - 5 | -ti i- i CO | |
| or amounts in columns (b), (c), and (g) may not necessarily equal the amounts in columns (a) cere instructions.) 1 | of y | year (f | rom Part II, col. (c), ▶\$ 227.882 □ Oth | er (specify) | | ruai | | | |
| or amounts in columns (b), (c), and (d) may not necessarily expended the amounts in columns (b), (c), and (d) may not necessarily expended to amount in columns (b), (c), and (d) may not necessarily expended to actually be amount in column (d) (a may not necessarily expended to actually schedule) 2 Check If the foundation is not required to attach schedule | Pa | rt I | Analysis of Revenue and Expense | S (The total | (a) Davanua and | | | | (d) Disbursements |
| 1 Contributions gifts, grants, etc., received (attach schedule) | | | of amounts in columns (b), (c), and (d) may not i | necessarily | expenses per | (b) | | | for charitable purposes |
| 2 Check ▶ ☐ If the foundation is not required to attach Scn. B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Gross rents 5 Net rental income or (loss) 6 Net gain or (loss) from sale of assets not on line 10 5 Gross sales price for all assets on line 6 a. 175,612 7 Capital gain net income (from Part IV, line 2). 8 Net short-term capital gain 9 Income modifications. 10a Gross sales less returns and allowances be less: Cost of goods sold 1 Gross sales less returns and allowances be less: Cost of goods sold 1 Gross print or (loss) (stach schedule) 1 Other income (attach schedule) 1 Other income (attach schedule) 1 Other income (attach schedule) 1 Other professional fees (attach schedule) 1 Action of officers, directors, trustees, etc. 1 Other employee salents and wages 1 Department of the employee salents and wages 2 Department of the employee salents and wag | | 1 | | attach | | | | | (====================================== |
| Sch. B 3 Interest on savings and temporary cash investments 142 | | 2 | ´ | ed to attach | | | | | |
| 10 10 10 10 10 10 10 10 | | | Sch. B | | | | | | |
| 100 | | _ | | estments | | | | | |
| 10 | | _ | | | 13,6 | 25 | 13,625 | | |
| 100 September | | | | | | | | | |
| 8 Net short-term capital gain | <u>e</u> | | | n line 10 | 9%:1 60.8 | 44 | | | |
| 8 Net short-term capital gain | em | _ | - , , | | _ | _ | | | |
| 8 Net short-term capital gain | Rev | | | | | | 60,844 | | |
| 10a Gross sales less returns and allowances | _ | 8 | Net short-term capital gain | | | | | | |
| b Less: Cost of goods sold | | 9 | Income modifications | | | | | | |
| C Gross profit or (loss) (attach schedule) | | 10a | Gross sales less returns and allowances | | | | | | |
| 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 74,611 | | b | · - | | | | | | |
| 12 Total. Add lines 1 through 11 | | С | | | | | | | |
| 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages | | 11 | | | | | | | |
| 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 15 Accounting fees (attach schedule) 16 C Other professional fees (attach schedule) 17 Interest 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. 25 Add lines 13 through 23 | | | | | 74,6 | 11 | 74,611 | | |
| 15 Pension plans, employee benefits | | | , | s, etc. | | | | | |
| 16a Legal fees (attach schedule) 1,350 1,350 1,350 1,923 1,350 1,923 1,350 1,923 1,350 1,923 1,350 1,350 1,350 1,350 1,350 1,350 1,350 1,350 1,350 1,350 1,350 1,350 1,350 1,350 1,350 1,350 1,350 1,350 1,350 1,350 1,350 | | | • • | | | | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 249,313 1,923 246,250 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) | ses | | . , , , | | | | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 249,313 1,923 246,250 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) | ē | _ | , | | 06-1 1 3 | F0 | | | 1 250 |
| 26 Total expenses and disbursements. Add lines 24 and 25 249,313 1,923 246,250 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) | EX | | , | | | | 1 022 | | 1,330 |
| 26 Total expenses and disbursements. Add lines 24 and 25 249,313 1,923 246,250 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) | Λe | | , | | 1,5 | -3 | 1,923 | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 249,313 1,923 246,250 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) | rat | | | | 98:1 1 1 | 40 | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 249,313 1,923 246,250 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) |] } | | , | n | 1,1 | | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 249,313 1,923 246,250 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) | Ξ | | | | | + | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 249,313 1,923 246,250 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) | Ad | | | | | | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 249,313 1,923 246,250 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) | ב | | • | | | | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 249,313 1,923 246,250 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) | g Di | | • , | | 9 93 | 00 | | | 100 |
| 26 Total expenses and disbursements. Add lines 24 and 25 249,313 1,923 246,250 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) | atı | | · · · · · · · · · · · · · · · · · · · | | | + | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 249,313 1,923 246,250 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) | oer: | | | | 4,5 | 13 | 1,923 | | 1,450 |
| 25 249,313 1,923 246,250 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) | 5 | 25 | Contributions, gifts, grants paid | | 244,8 | 00 | | | 244,800 |
| 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) | | 26 | | l lines 24 and | 240.5 | 13 | 1.022 | | 246 250 |
| a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) | | 27 | | | 249,5 | 13 | 1,923 | | 246,250 |
| disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) | | | | | | | | | |
| c Adjusted net income (if negative, enter -0-) | | | disbursements | or -0-) | -174,7 | 02 | | | |
| | | | ` • | • | | + | 72,688 | | |
| | or | | <u> </u> | • | | | Cat No. 11390 | / | m 990-PE (2010) |

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30

Part III

2

3

4

5

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

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

Analysis of Changes in Net Assets or Fund Balances

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

| - 1 | _ | j , , | , | | , |
|-------------|-----|--|---------|------------------|---------|
| | 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 ▶ | | | |
| <u>.</u> | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| As | 10a | Investments—U.S. and state government obligations (attach schedule) | | | |
| | b | Investments—corporate stock (attach schedule) | 226,029 | 9 115,254 | 216,321 |
| | C | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment: basis ▶ | | | |
| | | Less: accumulated depreciation (attach schedule) ▶ | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment: basis ▶ | | | |
| | | Less: accumulated depreciation (attach schedule) ▶ | | | |
| | 15 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers—see the | | | |
| | | instructions. Also, see page 1, item I) | 301,517 | 126,815 | 227,882 |
| | 17 | Accounts payable and accrued expenses | | | _ |
| | 18 | Grants payable | | | |
| iès | 19 | Deferred revenue | | | |
| <u>=</u> | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Liabilities | 21 | Mortgages and other notes payable (attach schedule) | | | |
| _ | 22 | Other liabilities (describe) | | | |
| | 23 | Total liabilities(add lines 17 through 22) | | 0 | |
| s e | | Foundations that follow FASB ASC 958, check here 🕨 🗌 | | | |
| 꼳 | | and complete lines 24, 25, 29 and 30. | | | |
| Balance | 24 | Net assets without donor restrictions | | | |
| <u>Б</u> | 25 | Net assets with donor restrictions | | | |
| | | Foundations that do not follow FASB ASC 958, check here | | | |
| r Fu | | and complete lines 26 through 30. | | | |
| s or | 26 | Capital stock, trust principal, or current funds | | | |
| Assets | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| As | 28 | Retained earnings, accumulated income, endowment, or other funds | 301,517 | 126,815 | |
| Net | 29 | Total net assets or fund balances (see instructions) | 301,517 | 126,815 | |
| ~ | | Take High Halican and make a case / found halances / case / case / case | 201 517 | 120015 | |

301,517

126,815

301,517

-174,702

126,815

126,815 Form **990-PF** (2019)

1

2

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6

| | e the kind(s) of property sold (e.g., rehouse; or common stock, 200 shs | | (b) How acquired P—Purchase D—Donation | | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|--|---------------------------------|--|---------|--|--|
| 1aSee Additional Data Tabl | e | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| e | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis ense of sale | | • | n) r (loss) r minus (g) |
| a See Additional Data Tabl | e | | | _ | | |
| b | | | | _ | | |
| <u> </u> | | | | _ | | |
| d | | | | _ | | |
| e | | | | + | | |
| Complete only for assets | s showing gain in column (h) and ow | <u> </u> | | | Cains (Cal. (| l) n) gain minus |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | Excess | (k) of col. (i) . (j), if any | | col. (k), but not | less than -0-) or om col.(h)) |
| a See Additional Data Tabl | e | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| e | | | | | | |
| · | or (net capital loss) gain or (loss) as defined in sections rt I, line 8, column (c) (see instructi | . , | Part İ, line 7 | | 3 | 60,84 |
| Down V Overlift antique I | Indox Costion 4040(a) for Br | . d d To No. | T | , T | | |
| | Jnder Section 4940(e) for Re | | | | | |
| (For optional use by domestic p If section 4940(d)(2) applies, le | rivate foundations subject to the sec | ction 4940(a) tax on ne | et investment inc | ome. |) | |
| Was the foundation liable for th | e section 4942 tax on the distributa ot qualify under section 4940(e). Do | | | od? | ☐ Y€ | es 🗸 No |
| 1 Enter the appropriate an | nount in each column for each year; | see instructions before | making any ent | ries. | | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | le-use assets | (| (d) Distribution rati (col. (b) divided by co | |
| 2018 | 243,329 | | 523,032 | | 00 | 0000.465228 |
| 2017 | 135,555 | | 703,261 | | 00 | 0000.192752 |
| 2016 | 114,239 | | 740,010 | | 00 | 0000.154375 |
| 2015 | 160,904 | | 789,145 | | | 0000.203897 |
| 2014 | 112,559 | | 969,485 | | | 0000.116102 |
| 2 Total of line 1, column (| <i>'</i> | | | 2 | 00 | 00001.132354 |
| number of years the four | o for the 5-year base period—divide adation has been in existence if less ncharitable-use assets for 2019 fron | than 5 years | 🗀 | 3 4 | 00 | 00000.226471 313,991 |
| 5 Multiply line 4 by line 3 | | • | _ | 5 | | 71,110 |
| • | ent income (1% of Part I, line 27b) | | <u> </u> | 5 | | 727 |
| | | | | , | | 71,837 |
| | ons from Part XII, line 4 , | | | 3 | | 246,250 |
| | eater than line 7, check the box in Pa | | | ising a | a 1% tax rate. See | |

Page **6**

| 5a | During the year did the foundation | pay o | r incur any amount to: | | | | | | | Yes | No |
|------|---|---------------|---|---|-------------------------|-----------------------------|----------------|-------|---------------|------------------|--|
| | (1) Carry on propaganda, or otherw | vise a | ttempt to influence legisl | ation (section 4945(e))? | | ☐ Yes | ~ | No. | | | |
| | (2) Influence the outcome of any specific public election (see section 4955); or to carry | | | | | □ 163 | | " | | | |
| | on, directly or indirectly, any voter registration drive? | | | | | ☐ Yes | ✓ | No | | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? | | | | | Yes | | No | | | |
| | (4) Provide a grant to an organizat | ion ot | her than a charitable, etc | c., organization described | 1 | | | | | | |
| | in section 4945(d)(4)(A)? See i | nstrud | tions | | | ☐ Yes | ✓ | No | | | |
| | (5) Provide for any purpose other t | | | * | | | | | | | |
| _ | educational purposes, or for the | - | | | | Yes | ✓ | No | | | |
| b | If any answer is "Yes" to 5a(1)-(5), | | = | | | ribed in | | | | | |
| | Regulations section 53.4945 or in a | | | | | | · | | 5b | | ₩ |
| | Organizations relying on a current r | | | | | • | | | | | |
| С | If the answer is "Yes" to question 5 | | | | | | _ | | | | |
| | tax because it maintained expenditu | | | | | ☐ Yes | Ш | No | | | |
| _ | If "Yes," attach the statement requi | | - | * * | | | | | | | |
| 6a | Did the foundation, during the year | | | | | _ | | | | | |
| L | a personal benefit contract? | | | | | ຼ∐ Yes | ✓ | No | c l- | | ,, |
| b | Did the foundation, during the year If "Yes" to 6b, file Form 8870. | , pay | premiums, directly or ma | illectry, on a personal be | nent contract | | • | ŀ | 6b | | No |
| 7a | At any time during the tax year, wa | c tha | foundation a party to a r | robibited tay chalter tran | acaction? | | | | | | |
| | If "Yes", did the foundation receive | | | | | _∐ Yes | ✓ | No | 7b | | |
| 8 | Is the foundation subject to the sec | | • | | | | • | ŀ | 7.0 | | |
| • | excess parachute payment during t | | | | | _ | | | | | |
| | Information About (| | | | | Yes | | No L | | | |
| Pai | and Contractors | JIIIC | ers, Directors, Trust | ees, roundation me | illagers, ill | gilly Falt | 4 L III | ipio | yees, | | |
| _1_ | List all officers, directors, truste | $\overline{}$ | | • | | | | | | | |
| | (a) Name and address | (| b) Title, and average hours per week | (c) Compensation (If not paid, enter | (d) Cont employee be | ributions to nefit plans | | | | se acc | |
| | (a) Hame and dadress | | devoted to position | -0-) | | ompensatio | | ot | ther al | lowane | ces |
| NANC | Y J WINSLOW | TRUS | | 0 | | | | | | | |
| | CLUM RD OD, OH 45850 | 005.0 | JU | | | | | | | | |
| | AS DUFF | TRUS | TEF | 0 | | | -+ | | | | |
| | CLUM RD | 005.0 | | ١ | | | | | | | |
| HARR | OD, OH 45850 | | | | | | | | | | |
| _2_ | Compensation of five highest-pa | id en | ployees (other than th | hose included on line 1 | | | | e, er | nter " | NONE | <u>." </u> |
| (2) | Name and address of each employee | poid | (b) Title, and average | | , , , | ributions to ee benefit | | (0) [| Evnon | -0 -000 | ount |
| (a) | more than \$50,000 | paiu | hours per week | (c) Compensation | | nd deferred | | | | se acco owanc | |
| | | | devoted to position | | comp | ensation | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Tota | I number of other employees paid ov | er \$5 | 0,000 | | | . • | | | | | |
| | | | | | | | | For | m 99 (| 0-PF | (2019 |

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|---|---|---------------------------|
| Part VIII Information About Officers, Directors, Trus and Contractors (continued) | stees, Foundation Managers, Highly Paid I | Employees, |
| 3 Five highest-paid independent contractors for professiona | al services (see instructions). If none, enter "NC | NE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| | | |
| | | |
| | _ | |
| | | |
| | \dashv | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional service | es | |
| Part IX-A Summary of Direct Charitable Activities | | <u> </u> |
| List the foundation's four largest direct charitable activities during the tax year. In organizations and other beneficiaries served, conferences convened, research pap | nclude relevant statistical information such as the number of | Expenses |
| 1 N/A | ers produced, etc. | 0 |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | T |
| Describe the two largest program-related investments made by the foundation | n during the tax year on lines 1 and 2. | Amount |
| 1 N/A 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | <u> </u> | |
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3

4

5

6

7

1a

1b

2

3a 3b

4

5

14.973

14.973

14.973

246,250

246,250

245.523

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727

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 🐒

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

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

3

4 5

6

1

2

3

4

5

Part XII

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14,973

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| art | XIII | |
|-----|------|--|
| | | |

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| 0-PF (20 | 019) | |
|----------|----------------------|--------------------|
| XIII | Undistributed Income | (see instructions) |

a Enter amount for 2018 only. **b** Total for prior years: 20______, 20______ a From 2014.

3 Excess distributions carryover, if any, to 2019:

1 Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019:

b From 2015. c From 2016. . . .

d From 2017. e From 2018. f Total of lines 3a through e. 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).

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

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

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract 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

indicated below:

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

same amount must be shown in column (a).)

instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

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

Subtract lines 7 and 8 from line 6a

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

9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015. . .

b Excess from 2016. .

c Excess from 2017. . . .

d Excess from 2018. . . e Excess from 2019. . .

7 Amounts treated as distributions out of

122.159

114,405

219,457

231,277

64,413 122,159

114.405

219,457

(a)

Corpus

520.434

231,277

751,711

64.413

687,298

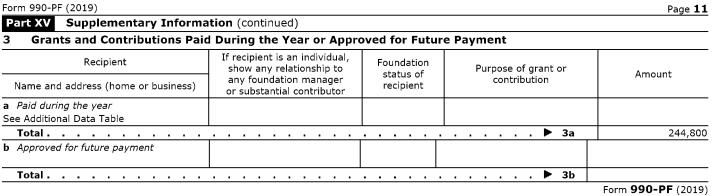
(b)

Years prior to 2018

(c)

2018

- - **b** The form in which applications should be submitted and information and materials they should include:
 - c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:



| ter gross amounts unless otherwise indicated. | Unrelated b | usiness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
|--|--|----------------------|--------------------------------------|---------------------------------------|--|
| . Program service revenue: | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions.) |
| a | | | | | |
| b | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| Membership dues and assessments | | | | | |
| investments | | | 14 | 142 | |
| Dividends and interest from securities | | | 14 | 13,625 | |
| Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| Net rental income or (loss) from personal property Other investment income | | | | | |
| Gain or (loss) from sales of assets other than | | | | | |
| inventory | | | 18 | 60,844 | |
| Net income or (loss) from special events: | | | | | |
| Gross profit or (loss) from sales of inventory | | | | | |
| Other revenue: a | | | | | |
| G | | | | | |
| d | | | | | |
| e | | | | | |
| | | | | | |
| Subtotal. Add columns (b), (d), and (e) | | | | 74,611 | |
| Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) | | | 1 3 | 74,611 | |
| Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calc | culations.) | | | · · · · · · · · · · · · · · · · · · · | |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcant XVI-B Relationship of Activities to 1 Explain below how each activity for whom accomplishment of the foundation's | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| 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 columns (b). Relationship of Activities to 1 | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcast XVI-B Relationship of Activities to the second sec | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc ITT XVI-B Relationship of Activities to the second se | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcast XVI-B Relationship of Activities to the second sec | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc IT XVI-B Relationship of Activities to the second sec | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc TI XVI-B Relationship of Activities to the second sec | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc TI XVI-B Relationship of Activities to the second sec | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc Tt XVI-B Relationship of Activities to the accomplishment of the foundation's of of the foundati | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcent XVI-B Relationship of Activities to the second sec | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcent XVI-B Relationship of Activities to the second sec | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc TI XVI-B Relationship of Activities to the second sec | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc IT XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's of the substitution of the subst | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc ITT XVI-B Relationship of Activities to the second se | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc IT XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's of the substitution of the subst | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc TI XVI-B Relationship of Activities to the second sec | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc TI XVI-B Relationship of Activities to the second sec | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc Tt XVI-B Relationship of Activities to the accomplishment of the foundation's of of the foundati | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc Tt XVI-B Relationship of Activities to t Explain below how each activity for whic the accomplishment of the foundation's of | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc TI XVI-B Relationship of Activities to the second sec | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc Tt XVI-B Relationship of Activities to t Explain below how each activity for whic the accomplishment of the foundation's of | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc TI XVI-B Relationship of Activities to the second sec | culations.) the Accomplisi h income is report | hment of Exem | pt Purposes If Part XVI-A contribut | ed importantly to | 74,611 |

| Foi | rm 990-Pl | (2019) | | | | Pa | ge 13 |
|------------|------------------------|--|---|--|-----------|--------|--------------|
| | Part XV | Information Re Exempt Organiz | | ions and Relationships With Nonchari | table | | |
| 1 | Did the (c) (other | organization directly or in er than section 501(c)(3) | directly engage in any of the following with a organizations) or in section 527, relating to | any other organization described in section 501 political organizations? | | Yes | No |
| а | Transfer | s from the reporting foun | dation to a noncharitable exempt organization | on of: | | | |
| | (1) Cas | sh | | | 1a(1) | | No |
| | (2) Oth | ner assets | | | 1a(2) | | No |
| b | Other tr | ansactions: | | | | | |
| | (1) Sal | es of assets to a nonchari | table exempt organization | | 1b(1) | | No |
| | (2) Pur | chases of assets from a n | oncharitable exempt organization | | 1b(2) | | No |
| | (3) Rer | ntal of facilities, equipmer | it, or other assets | | 1b(3) | | No |
| | (4) Rei | mbursement arrangemen | ts | | 1b(4) | | No |
| | (5) Loa | ns or loan guarantees. | | | 1b(5) | | No |
| | (6) Perf | ormance of services or m | embership or fundraising solicitations | | 1b(6) | | No |
| c | Sharing | of facilities, equipment, n | nailing lists, other assets, or paid employees | | 1c | | No |
| | of the go in any tr | oods, other assets, or servants | vices given by the reporting foundation. If th ngement, show in column (d) the value of t | column (b) should always show the fair market was foundation received less than fair market values the goods, other assets, or services received. | ie | | |
| <u>(</u> a |) Line No. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sha | ring arra | ngemen | ts |
| | | | | | | | |
| | | | | | | | |
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| • | | | | | |
|--------------------|------------------------------|-----------------------|------------------------------|------------|---------------------------------|
| | | | | | |
| 2a Is the fo | oundation directly or indire | ectly affiliated with | , or related to, one or moi | e tax-exem | ot organizations |
| | | • | (c)(3)) or in section 527? . | | |
| b If "Yes," | ' complete the following so | chedule. | | | |
| | (a) Name of organization | on | (b) Type of organiza | ntion | (c) Description of relationship |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this 2021-04-28 return Here with the preparer shown Signature of officer or trustee Title Date (see instr.) 🔲 Yes 🗹 No Print/Type preparer's name Preparer's Signature Date PTIN Check if selfemployed 🕨 🗹 Lou Ann Zuchowski 2021-04-28 Paid **Preparer** Firm's name ▶ Lou Ann Zuchowski CPA LLC Firm's EIN ▶ **Use Only** Firm's address ▶ 1700 Woodlands Dr Ste 120

Phone no. (419) 897-9440 Maumee, OH 43537 Form **990-PF** (2019)

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) (c) (d) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold (mo., day, yr.) (mo., day, yr.) P-Purchase D-Donation 492 SH DOW INC COM APT Ρ 2000-02-01 2019-12-02 492 DUPONT DE NEMOURS Р 2000-02-01 2019-12-12 200 SH PHILIP MORRIS INT Р 2000-02-01 2019-12-12 200 SH WELLTOWER Р 2000-02-01 2019-12-12 Ρ 200 SH WELLTOWER 2000-02-01 2020-03-12 6400 SH HUNTINGTON D 1990-02-01 2020-06-25 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) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 26,568 14.017 12,551 31,617 14,017 17,600 3,956 12,850 16,806 16,551 4.078 12,473 18,743 6,117 12,626 65,332 72,588 -7,256 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. (i) **(I)** Losses (from col.(h)) (i) as of 12/31/69 (k) over col. (j), if any 12,551 17,600 12,850 12,473 12,626 -7,256

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)

or substantial contributor

| a Paid during the year | | | | |
|--|------|----|-----------------|-------|
| ALLEN COUNTY HISTORICAL SOCIETY 620 W MARKET ST LIMA, OH 45801 | NONE | PC | GENERAL PROGRAM | 6,000 |

| LIMA, OH 45801 | | | | |
|--|------|-------|-----------------|-------|
| BIG BROTHERS & SISTERS OF WC OH 207 W ELM LIMA, OH 45801 | NONE | PC | GENERAL PROGRAM | 6,000 |
| BRADEIELD COMMUNITY ASSOCIATION | NONE | PC PC | GENERAL PROGRAM | 4 000 |

| BIG BROTHERS & SISTERS OF WC OH 207 W ELM LIMA, OH 45801 | NONE | PC | GENERAL PROGRAM | 6,000 |
|--|------|----|-----------------|-------|
| BRADFIELD COMMUNITY ASSOCIATION 550 S COLLETT LIMA, OH 45805 | NONE | PC | GENERAL PROGRAM | 4,000 |

| LIMA, OH 45801 | | | | |
|--|------|----|-----------------|---------|
| BRADFIELD COMMUNITY ASSOCIATION 550 S COLLETT LIMA, OH 45805 | NONE | PC | GENERAL PROGRAM | 4,000 |
| Total | | | ▶ 3a | 244,800 |

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

| CANINE COMPANIONS FOR INDEPENDENCE 4989 ST RTE 37 E DELAWARE, OH 43015 | NONE | PC | GENERAL PROGRAM | 8,000 |
|--|------|----|-----------------|-------|
| CASA OF ALLEN & PUTNAM COUNTIES | NONE | PC | GENERAL PROGRAM | 4,000 |

| 4989 ST RTE 37 E DELAWARE, OH 43015 | | | | |
|--|------|----|-----------------|--------|
| CASA OF ALLEN & PUTNAM COUNTIES 330 N ELIZABETH LIMA, OH 45801 | NONE | PC | GENERAL PROGRAM | 4,000 |
| CHILDREN'S DEV CENTER OF LIMA 1001 BELLFONTAINE | NONE | PC | GENERAL PROGRAM | 14,000 |

| 330 N ELIZABETH LIMA, OH 45801 | NONE | | OLIVLE TROGISALI | 4,000 |
|--|------|----|------------------|--------|
| CHILDREN'S DEV CENTER OF LIMA 1001 BELLFONTAINE LIMA, OH 45804 | NONE | PC | GENERAL PROGRAM | 14,000 |

| LIMA, OH 45801 | | | | |
|--|------|----|-----------------|--------|
| CHILDREN'S DEV CENTER OF LIMA 1001 BELLFONTAINE LIMA, OH 45804 | NONE | PC | GENERAL PROGRAM | 14,000 |
| 1 | | | | |

Total .

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) or substantial contributor

| a Paid during the year | | | | |
|---|------|----|-----------------|-------|
| CORNERSTONE EARLY LEARNING CENTER 2000 N COLE LIMA, OH 45801 | NONE | PC | GENERAL PROGRAM | 3,000 |

| LIMA, OH 45801 | | | | |
|---|------|----|-----------------|-------|
| CRIME VICTIM SERVICES OF ALLENPUTNAM 116 W NORTH ST LIMA, OH 45801 | NONE | PC | GENERAL PROGRAM | 6,000 |

| CRIME VICTIM SERVICES OF ALLENPUTNAM 116 W NORTH ST LIMA, OH 45801 | NONE | PC | GENERAL PROGRAM | 6,000 |
|---|------|----|-----------------|-------|
| DEBS DOGS1560 WONDERLICK RD LIMA, OH 45805 | NONE | PC | GENERAL PROGRAM | 8,000 |

| 116 W NORTH ST LIMA, OH 45801 | | | | |
|---|------|----|-----------------|-------|
| DEBS DOGS1560 WONDERLICK RD LIMA, OH 45805 | NONE | PC | GENERAL PROGRAM | 8,000 |

3a

244,800

Total .

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 12 000

| 129 S PIERCE ST LIMA, OH 45801 | NONE | PC | GENERAL PROGRAM | 12,000 |
|---------------------------------------|------|----|-----------------|--------|
| JOHNNY APPLESEED MET PARK DISTRICT | NONE | PC | GENERAL PROGRAM | 14,000 |

| LIMA, OH 45601 | | | | |
|--|------|----|-----------------|--------|
| JOHNNY APPLESEED MET PARK DISTRICT 2355 ADA RD LIMA, OH 45801 | NONE | PC | GENERAL PROGRAM | 14,000 |
| LIMA MEMORIAL HOSPITAL AUXFON | NONE | PC | GENERAL PROGRAM | 10.000 |

| DISTRICT 2355 ADA RD LIMA, OH 45801 | | | | |
|--|------|----|-----------------|--------|
| LIMA MEMORIAL HOSPITAL AUXFDN 1001 BELLFONTAINE AVE | NONE | PC | GENERAL PROGRAM | 10,000 |

Total .

| LIMA, OH 45801 | | | | |
|--|------|----|-----------------|--------|
| LIMA MEMORIAL HOSPITAL AUXFDN 1001 BELLFONTAINE AVE LIMA, OH 45804 | NONE | PC | GENERAL PROGRAM | 10,000 |
| | | | | |

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient Value 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Foundation status of recipient or contribution

Purpose of grant or contribution

Foundation status of recipient or substantial contributor

| a Paid during the year | | | | |
|--|------|----|-----------------|--------|
| LIMA PUBLIC LIBRARY 680 W MARKET ST LIMA, OH 45801 | NONE | PC | GENERAL PROGRAM | 6,000 |
| LIMA RESCUE MISSION216 E WAYNE LIMA, OH 45801 | NONE | PC | GENERAL PROGRAM | 16,000 |

| LIMA RESCUE MISSION216 E WAYNE LIMA, OH 45801 | NONE | PC | GENERAL PROGRAM | 16,000 |
|---|---------|----|-----------------|--------|
| LIMA ROTARY FOUNDATION PO BOX 1111 LIMA, OH 45802 | NONE | PC | GENERAL PROGRAM | 15,000 |
| Total | 244,800 | | | |

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

| | or substantial contributor | | | |
|---------------------------------|----------------------------|----|-----------------|--------|
| a Paid during the year | | | | |
| LIMA SRO PROGRAM302 W SPRING ST | NONE | PC | GENERAL PROGRAM | 10,000 |

| LIMA, OH 45801 | | | | |
|---|------|----|-----------------|--------|
| MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY TRIANGLE, VA 22172 | NONE | PC | GENERAL PROGRAM | 12,000 |

| MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY TRIANGLE, VA 22172 | NONE | PC | GENERAL PROGRAM | 12,000 |
|---|------|----|-----------------|--------|
| OHIO SPCA3606 ELIDA RD | NONE | PC | GENERAL PROGRAM | 800 |

| TRIANGLE, VA 22172 | | | | |
|--|------|----|-----------------|-----|
| OHIO SPCA3606 ELIDA RD LIMA, OH 45807 | NONE | PC | GENERAL PROGRAM | 800 |

| OHIO SPCA3606 ELIDA RD LIMA, OH 45807 | NONE | PC | GENERAL PROGRAM | 800 |
|--|------|----|-----------------|---------|
| Total | | | ▶ 3a | 244,800 |

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

Total .

| a Paid during the year | | | | |
|---|------|----|-----------------|--------|
| OUR DAILY BREAD SOUP KITCHEN 125 S CENTRAL LIMA, OH 45801 | NONE | PC | GENERAL PROGRAM | 10,000 |

| LIMA, OH 45801 | | | | |
|--|------|----|-----------------|--------|
| PARK DISTRICT FOUNDATION OF ALLEN CTY 2355 ADA LIMA, OH 45801 | NONE | PC | GENERAL PROGRAM | 12,000 |
| | | | | |

| CTY 2355 ADA LIMA, OH 45801 | | | | , |
|--|------|----|-----------------|--------|
| SAMARITAN HOUSE328 W MCKIBEN LIMA, OH 45801 | NONE | PC | GENERAL PROGRAM | 13,000 |

| | LIMA, OH 45801 | | | | |
|---|--|------|----|-----------------|------|
| | SAMARITAN HOUSE328 W MCKIBEN LIMA, OH 45801 | NONE | PC | GENERAL PROGRAM | 13,0 |
| 1 | | | | • | |

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)

| , | or substantial contributor | | | |
|-------------------------|----------------------------|----|-----------------|-------|
| a Paid during the year | | | | |
| SHAWNEE ALLIANCE CHURCH | NONE | PC | GENERAL PROGRAM | 7,000 |

| LIMA, OH 45806 | | | | |
|--|------|----|-----------------|-------|
| THE ARC OF ALLEN COUNTY 546 S COLLETT LIMA, OH 45805 | NONE | PC | GENERAL PROGRAM | 6,000 |

| THE ARC OF ALLEN COUNTY 546 S COLLETT LIMA, OH 45805 | NONE | PC | GENERAL PROGRAM | 6,000 |
|---|------|----|-----------------|--------|
| VETERANS FOOD PANTRY OF NW OHIO 810 W NORTH ST LIMA, OH 45805 | NONE | PC | GENERAL PROGRAM | 12,000 |

| 546 S COLLETT LIMA, OH 45805 | | | | |
|---|------|----|-----------------|---------|
| VETERANS FOOD PANTRY OF NW OHIO 810 W NORTH ST LIMA, OH 45805 | NONE | PC | GENERAL PROGRAM | 12,000 |
| Total | | | ▶ 3a | 244,800 |

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 | | | | |
|---|------|----|-------------------|-------|
| WBGU-PBS245 TROUP ST BOWLING GREEN, OH 43403 | NONE | PC | PUBLIC TELEVISION | 9,000 |
| | | | | |

| BOWLING GREEN, OH 43403 | | | | |
|---|------|----|-----------------|--------|
| WEST OHIO FOOD BANK1380 E KIBBY LIMA, OH 45804 | NONE | PC | GENERAL PROGRAM | 11,000 |
| WOUNDED WARRIOR PROJECT | NONE | PC | GENERAL PROGRAM | 4,000 |

| WEST OHIO FOOD BANK1380 E KIBBY LIMA, OH 45804 | NONE | PC | GENERAL PROGRAM | 11,000 |
|--|------|----|-----------------|--------|
| WOUNDED WARRIOR PROJECT 4899 BELFORT RD JACKSONVILLE, FL 32256 | NONE | PC | GENERAL PROGRAM | 4,000 |

| , | | | | |
|--|------|----|-----------------|---------|
| WOUNDED WARRIOR PROJECT 4899 BELFORT RD JACKSONVILLE, FL 32256 | NONE | PC | GENERAL PROGRAM | 4,000 |
| Total | | | ▶ 3a | 244,800 |

Recipient If recipient is an individual, show any relationship to any foundation manager of the status of recipient is any foundation manager of the status of the sta

| Hame and dadress (nome or business) | or substantial contributor | | | |
|-------------------------------------|----------------------------|----|-----------------|-------|
| a Paid during the year | | | | |
| WTLW 441844 BATY RD | NONE | PC | GENERAL PROGRAM | 6,000 |

| WTLW 441844 BATY RD LIMA, OH 45804 | NONE | PC | GENERAL PROGRAM | 6,000 |
|---------------------------------------|------|----|-----------------|---------|
| Total | | | ▶ 3a | 244,800 |

| efile GRAPHIC print - DO NO | T PROCESS | As Filed Da | ed Data - DLN: 93491120009161 | | | | |
|----------------------------------|------------------------------|-------------|-------------------------------|------------------------|---|--|--|
| TY 2019 Accounting Fees Schedule | | | | | | | |
| | | | | | | | |
| Name: DUFF FAMILY FOUNDATION | | | | | | | |
| EIN: 34-6529813 | | | | | | | |
| So | Software ID: 19009610 | | | | | | |
| Softwar | e Version: | 19.2.1.0 | | | | | |
| Category | Ame | ount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| TAX PREPARATION FEES | | 1,350 | | | 1,350 | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491120009161 | | | |
|--|-----------------|----------|---------------------|--|--|--|
| TY 2019 Investments Corporate Stock Schedule | | | | | | |
| Name: | DUFF FAMILY FOL | JNDATION | | | | |
| EIN: | 34-6529813 | | | | | |
| Software ID: | 19009610 | | | | | |

Software Version: 19.2.1.0

393 shares of JP MORGAN CHASE

385 shares of APPLE INC.

1005 shares of ATT

| Investments Corporation Stock Schedule | | | | |
|--|---------------------------|----------------------------------|--|--|
| Name of Stock | End of Year Book Value | End of Year Fair Market Value | | |
| shares of ATT | 30,140 | 30,381 | | |

48,036

37,078

45,492

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | : 93491120009161 | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|
| TY 2019 Other Expenses Schedule | | | | | |
| I | | | | 1 | |
| Name: | DUFF FAMILY FOUNDATION | | | | |
| EIN: | 34-6529813 | | | | |
| Software ID: | 19009610 | | | | |
| Software Version: 19.2.1.0 | | | | | |
| Other Expenses Schedule | | | | , | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| OHIO FILING FEE | 100 | | | 100 | |

| efile GRAPHIC print - DO NOT PROCE | SS As Filed Data | - | DLI | N: 93491120009161 | |
|--|------------------------|--------------------------|------------------------|---|--|
| TY 2019 Other Professional Fees Schedule | | | | | |
| | | | | | |
| Name: DUFF FAMILY FOUNDATION | | | | | |
| E | EIN: 34-6529813 | | | | |
| Software ID: 19009610 | | | | | |
| Software Version: 19.2.1.0 | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| INVESTMENT MANAGEMENT FEES | 1,923 | 1,923 | | | |

| efile GRAPHIC print - DO NOT PROCES | S As Filed Data | DLN: 93491120009161 | | |
|-------------------------------------|--------------------|--------------------------|------------------------|---|
| TY 2019 Taxes Schedule | | | | _ |
| | | | | |
| Nam | e: DUFF FAMIL | Y FOUNDATION | | |
| EIN: 34-6529813 | | | | |
| Software I | D: 19009610 | | | |
| Software Versio | n: 19.2.1.0 | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| FEDERAL EXCISE TAX | 1,140 | | | |