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2019

OMB No. 1545-0052

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

Department of the Treasury Internal Revenue Service

Form 990-PF

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

| A Employee intentification number 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | For | caler | ndar year 2019, or tax year begi | nning 07-01-20 |)19 , a | nd e | nding 06-30- | 2020 | |
|--|--------------|--------------------|---|-------------------------|-----------------------|------|-------------------------|-----------------------|-------------------------|
| B Telephores turnibor (see next. steen with final a not colored to street address) Room/Nation B Telephores turnibor (see next. steen) (30) 282-2344 | | | | | | | | entification numbe | r |
| ### Analysis of Revenue and Expenses (fix road of annue in control (b) (c), and (c) and fix repairs) ### Analysis of Revenue and Expenses (fix road of annue in control (b), and (c), and (c) and fix road of annue in control (b), and (c), and (c) and fix road of annue in control (c), and (c), and (c) and fix road of annue in control (c), and (c), and (c) and fix road of annue in control (c), and (c), and (c) and fix road of annue in control (c), and (c), and (c) and fix road of annue in control (c), and (c), and (c) and fix road of annue in control (c), and (c), and (c) and fix road of annue in control (c), and (c) | | | | | | | 61-6288548 | | |
| C If everption applies of in percina, direct here C If everption applies of in percina, direct here C If everption applies of in percina, direct here C If everption applies of in percina, direct here C If everption applies of in percina, direct here C If everption applies of in percina, direct here C If everption applies of in percina, direct here C If everption applies of in percina, direct here C If everption applies of in percina, direct here C If everption applies of in percina, direct here C If everption applies of in percina, direct here C If everption applies of in percina, direct here C If everption applies of in percina, direct here C If everption applies of in percina, direct here C If everption applies of in percina, direct here C If everption applies of interest evalue of all assets at emerging of applies of interest evalue of all assets at emerging of year (from Pert II, sol. (c)). (a) for for travable promate foundation F If the foundation is in e.G. month termination of year (from Pert II, sol. (c)). (a) and (of oran rate decembers). (b) P F J Dissis, 551. Analysis of Revenue and Expenses; (from many decembers) C If the foundation is not required to attach an expense of a solution (of oran rate decembers). (c) Advanced his incoming of percentage and percen | Num 4 | ber and 481 Mui | d street (or P.O. box number if mail is not delivenson Street NW Room 200 | ered to street address) | Room/suite | | B Telephone nu | mber (see instructio | ns) |
| Carton, OH 4719 G Check all that apply: | | | | | | | (330) 258-2394 | | |
| Final return Amendate return Amendate return Address charge Name change Na | | | | postal code | | | C If exemption | application is pendin | g, check here |
| Final return | G Cł | neck al | Il that apply: | Initial return of a | former public charity | , | D 1. Foreign org | ganizations, check he | ere |
| H Check type of organization: | | | | Amended return | . , | | | | |
| ## Check type of organization: Miscatch of 501(c)(3) exempt private foundation Miscatch of 501(c)(1) one cannot be retained by the control of the cannot be retained by the retained by the cannot be retained by the retained by the cannot be retained by the cannot | | | \square Address change | Name change | | | · | | · - |
| Fair market value of all assets at end of year (from Part II, col. (c). (c) Other (specify) Othe | H C | neck ty | $ \sqrt{p} $ e of organization: Section 501(c)(| (3) exempt private | foundation | | | | |
| of year (from Part 13, co.; (c). | | Section | 1 4947(a)(1) nonexempt charitable trust | Other taxable | e private foundation | | | | |
| Part | | | | ounting method: | ☑ Cash ☐ Accr | ual | | | |
| of amounts in columns (b), (c), and (d) may not necessarily expect the amounts in columns (b), (c), and (d) may not necessarily expected to attach schedule) 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ If the foundation is not required to statch Sch. B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Gross rents 6 Net gain or (loss) from sale of assets not on line 10 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 100 Gross sales less returns and allowances believes the securities 110 Other income (statch schedule) 110 Other income (statch schedule) 121 Total. Add lines I through 11 3 Compensation of officers, directors, trustees, etc. 15 Pension plans, employee benefits 15 Pension plans, employee benefits 15 Pension plans, employee benefits 16 Less (statch schedule) 17 Increest 18 Taxes (attach schedule) 19 Depreciation (statch schedule) 20 Octor professional fees (attach schedule) 21 Travel, conferences, and meetings 22 Pinting and publications 23 Other expenses datach schedule) 24 Total expenses and disbursements. Add lines 24 and 25 25 Contributions, gifts, grants said 25 Contributions, gifts, grants said 26 Total expenses and disbursements. Add lines 24 and 25 17 Subtract line 26 from line 12: 28 Expenses and disbursements. Add lines 24 and 25 17 Subtract line 26 from line 12: 29 Subtract line 26 from line 12: 20 Country 21 Fine professional fees (attach schedule) 22 Contributions, gifts, grants said 312,081 40 Contributions, gifts, grants said 312,082 41,425 42 Subtract line 26 from line 12: 43 Expenses and disbursements. Add lines 24 and 25 44 Other employees and disbursements. Add lines 24 and 25 45 Subtract line 26 from line 12: 45 Expenses and disbursements. Add lines 24 and 25 46 Total expenses and disbursements. Add lines 24 and 25 46 Subtract line 26 from line 12: 47 Expenses and disbursements. Add lines 24 and 25 48 Exp | | | ▶\$ 7.084.551 \\ | | be on cash basis.) | | under section | 1 507(D)(1)(B), Chec | k nere |
| of amounts in columns (b), (c), and (d) may not necessarily expect the amounts in columns (b), (c), and (d) may not necessarily expected to attach schedule) 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ If the foundation is not required to statch Sch. B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Gross rents 6 Net gain or (loss) from sale of assets not on line 10 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 100 Gross sales less returns and allowances believes the securities 110 Other income (statch schedule) 110 Other income (statch schedule) 121 Total. Add lines I through 11 3 Compensation of officers, directors, trustees, etc. 15 Pension plans, employee benefits 15 Pension plans, employee benefits 15 Pension plans, employee benefits 16 Less (statch schedule) 17 Increest 18 Taxes (attach schedule) 19 Depreciation (statch schedule) 20 Octor professional fees (attach schedule) 21 Travel, conferences, and meetings 22 Pinting and publications 23 Other expenses datach schedule) 24 Total expenses and disbursements. Add lines 24 and 25 25 Contributions, gifts, grants said 25 Contributions, gifts, grants said 26 Total expenses and disbursements. Add lines 24 and 25 17 Subtract line 26 from line 12: 28 Expenses and disbursements. Add lines 24 and 25 17 Subtract line 26 from line 12: 29 Subtract line 26 from line 12: 20 Country 21 Fine professional fees (attach schedule) 22 Contributions, gifts, grants said 312,081 40 Contributions, gifts, grants said 312,082 41,425 42 Subtract line 26 from line 12: 43 Expenses and disbursements. Add lines 24 and 25 44 Other employees and disbursements. Add lines 24 and 25 45 Subtract line 26 from line 12: 45 Expenses and disbursements. Add lines 24 and 25 46 Total expenses and disbursements. Add lines 24 and 25 46 Subtract line 26 from line 12: 47 Expenses and disbursements. Add lines 24 and 25 48 Exp | Pa | rt I | Analysis of Revenue and Expe | nses (The total | | | | | (d) Disbursements |
| Schedule 2 Check | | | of amounts in columns (b), (c), and (d) may | not necessarily | expenses per | (b) | | | for charitable purposes |
| 2 Check | | 1 | | ed (attach | | | | | |
| 1 | | 2 | <u></u> | quired to attach | | | | | |
| 1990 | | _ | | | | - | | | |
| Sa Gross rents Net rental income or (loss) Sa Net gain or (loss) from sale of assets not on line 10 Sg 185,070 Sa Sa Sa Sa Sa Sa Sa S | | | | investments | 140.03 | _ | 140.035 | | |
| Description | | - | | | 149,03 | 3 | 149,033 | | |
| 186,070 186, | | | | | | + | | | |
| December Capital gain net income (from Part IV, line 2) 186,070 186, | Θ | | ` , | ot on line 10 | 186,07 | 0 | | | |
| 8 Net short-term capital gain | Reveru | ь | Gross sales price for all assets on line 6 | la . | | | | | |
| 8 Net short-term capital gain | | | · | 1,810,213 | | | | | |
| 9 Income modifications | | | , , | ŕ | | | 186,070 | | |
| 10a Gross sales less returns and allowances | | _ | | | | - | | | |
| B Less: Cost of goods sold | | | | .1 | | - | | | |
| C Gross profit or (loss) (attach schedule) | | | | • | | | | | |
| 12 Total. Add lines 1 through 11 335,105 335,105 13 Compensation of officers, directors, trustees, etc. 16,000 800 15,200 14 Other employee salaries and wages | | C | - | | | | | | |
| 13 Compensation of officers, directors, trustees, etc. 16,000 800 15,200 14 Other employee salaries and wages | | 11 | Other income (attach schedule) | | | | | | |
| 14 | | 12 | Total. Add lines 1 through 11 | | 335,10 | 5 | 335,105 | | |
| 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 1,365 682 683 | | 13 | Compensation of officers, directors, trus | stees, etc. | 16,00 | 0 | 800 | | 15,200 |
| 16a Legal fees (attach schedule) 1,365 682 683 c Other professional fees (attach schedule) 2 65,071 65,071 17 | | 14 | Other employee salaries and wages | | | | | | |
| 23 | 6S | 15 | Pension plans, employee benefits | | | | | | |
| 23 | Sui | 16a | Legal fees (attach schedule) | | | | | | |
| 23 | × | b | Accounting fees (attach schedule) | | 1,36 | 5 | 682 | | 683 |
| 23 | e E | C | Other professional fees (attach schedule | e) | 65,07 | 1 | 65,071 | | |
| 23 | ativ | 17 | Interest | | | | | | |
| 23 | Str | 18 | , , , | • | 66 | 0 | | | |
| 23 | Ē | 19 | Depreciation (attach schedule) and dep | letion | | | | | |
| 23 | £ | | • | | | | | | |
| 23 | ָם. | | | | | - | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 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-) | | | - , | | 06-1 1 42 | _ | | | 1.425 |
| 26 Total expenses and disbursements. Add lines 24 and 25 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-) | ting Ting | | | | 1,42 | | | | 1,425 |
| 26 Total expenses and disbursements. Add lines 24 and 25 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-) | era | 24 | · - | expenses. | 84 52 | 1 | 66 553 | | 17 308 |
| 26 Total expenses and disbursements. Add lines 24 and 25 396,602 66,553 329,389 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-) | О | 25 | | | | + | 00,555 | | |
| 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-) | | | Total expenses and disbursements. | Add lines 24 and | /** | + | | | , |
| 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 | | | 396,60 | 2 | 66,553 | | 329,389 |
| disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) | | | | nd | | | | | |
| c Adjusted net income (if negative, enter -0-) | | | disbursements | | -61,49 | 7 | | | |
| | | | | | | | 268,552 | | |
| THE PROPERTY OF THE PROPERTY O | For | | <u> </u> | • | | | Cat No. 11300 | , - | m 000 PE (2012) |

Attached schedules and amounts in the description column

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

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

Foundations that follow FASB ASC 958, check here ▶

Beginning of year

Page 2

End of year

| | 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 ▶ | | 1 | | |
| S. | 8 | Inventories for sale or use | | | | |
| sets | 9 | Prepaid expenses and deferred charges | | | | |
| S | 10a | Investments—U.S. and state government obligations (attach schedule) | 541,924 | % J | 475,790 | 503,825 |
| | b | Investments—corporate stock (attach schedule) | 3,465,339 | ارچھ | 3,546,423 | 5,361,491 |
| | С | Investments—corporate bonds (attach schedule) | 929,279 | ارو | 929,179 | 970,522 |
| | 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) | 5,261,602 | | 5,200,105 | 7,084,551 |
| | 17 | Accounts payable and accrued expenses | | | | |
| | 18 | Grants payable | | | | |
| es S | 19 | Deferred revenue | | | | |

| Liabilities | |
|-------------|--|

20

21

22

23

Other liabilities (describe ▶_

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

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Accounts receivable

Less: allowance for doubtful accounts ▶

Part II

3

Net assets with donor restrictions . Foundations that do not follow FASB ASC 958, check here 🕨 🗹 and complete lines 26 through 30. 5,261,602 5,200,105 Paid-in or capital surplus, or land, bldg., and equipment fund

5,261,602

5,261,602

5,200,105

5,200,105

5,261,602

5,200,105

5,200,105 Form **990-PF** (2019)

-61,497

1

2

3

4

5

6

Fund Balances 24 25 Assets or 26 27 28 Net 29 30 Part III

2

| • • | e the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs | • | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|--|--|--|---|-------------------------------|
| 1 a Publicly Traded Securitie | s | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| | (f) | | (g) | (| h) |
| (e) | Depreciation allowed | | other basis | | r (loss) |
| Gross sales price | (or allowable) | plus exp | ense of sale | (e) plus (f |) minus (g) |
| a 1,80 | 6,906 | | 1,624,143 | i e | 182,763 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets | s showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | (| I) |
| | (i) | | (k) | | h) gain minus |
| (i) F.M.V. as of 12/31/69 | Adjusted basis | | of col. (i) | | less than -0-) or |
| 1.M.V. as of 12/31/09 | as of 12/31/69 | over col | . (j), if any | Losses (fr | om col.(h)) |
| a | | | | | 182,76 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income | , , , | If gain, also enter in P If (loss), enter -0- in F | | 2 | 186,070 |
| · | gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi | ons). If (loss), enter -0 |) . } | 3 | |
| Part V Qualification | Under Section 4940(e) for Re | duced Tay on Net | Investment In | come | |
| | | | | | |
| For optional use by domestic p | private foundations subject to the sec | ction 4940(a) tax on ne | et investment incom | ne.) | |
| f section 4940(d)(2) applies, le | eave this part blank. | | | | |
| | ne section 4942 tax on the distributal of qualify under section 4940(e). Do | • • | • | ? | es 🔽 No |
| 1 Enter the appropriate ar | nount in each column for each year; | see instructions before | making any entrie | s. | |
| (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 c | |
| 2018 | 294,472 | | 6,823,520 | 00 | 00000.043155 |
| 2017 | 314,167 | | 6,682,391 | 00 | 00000.047014 |
| 2016 | 353,395 | | 6,174,419 | 00 | 00000.057235 |
| 2015 | 233,675 | | 6,030,584 | 00 | 00000.038748 |
| 2014 | 260,654 | | 6,348,304 | 00 | 00000.041059 |
| 2 Total of line 1, column (| d) | | 2 | 00 | 00000.227211 |
| · · · · · · · · · · · · · · · · · · · | o for the 5-year base period—divide | the total on line 2 by 5 | | | |
| number of years the four | ndation has been in existence if less | than 5 years | 3 | 00 | 00000.045442 |
| | ncharitable-use assets for 2019 from | • | 4 | | 6,933,229 |
| 5 Multiply line 4 by line 3 | | | 5 | | 315,060 |
| | ent income (1% of Part I, line 27b) | | 6 | | 2,686 |
| | | | | | 317,746 |
| | ions from Part XII, line 4 , | | | | 329,389 |
| If line 8 is equal to or greinstructions. | eater than line 7, check the box in Pa | art VI, line 1b, and com | plete that part usir | ng a 1% tax rate. Se | e the Part VI |

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|------------|--|-----------------|---------------------------|----------------------------|----------------------------------|----------|----------|----------|------------------|---------------|
| Pa | rt VIII-B Statements Regard | ding / | Activities for Which | Form 4720 May Be | Required (contin | ued) | | | | |
| 5a | During the year did the foundation | | • | | | | | | Yes | No |
| | (1) Carry on propaganda, or otherv | wise at | tempt to influence legisl | ation (section 4945(e))? | □ Y (| es 🗸 | No | | | |
| | (2) Influence the outcome of any s | pecific | public election (see sect | tion 4955); or to carry | <u> </u> | | | | | |
| | on, directly or indirectly, any vo | oter re | gistration drive? | | · · □ Y | es 🗸 | No | | | |
| | (3) Provide a grant to an individual | l for tra | avel, study, or other sim | ilar purposes? | ✓ Y | | No | | | |
| | (4) Provide a grant to an organizati | | | | 1 | | | | | |
| | in section 4945(d)(4)(A)? See ii | | | | · · · □ Y | es 🗹 | No | | | |
| | (5) Provide for any purpose other t | | | | | | | | | |
| | educational purposes, or for the | • | • | | | es 🗸 | No | | | |
| b | If any answer is "Yes" to $5a(1)-(5)$, | | = | | | 1 | | -1 | | |
| | Regulations section 53.4945 or in a | | | | _ | | | 5b | | No |
| | Organizations relying on a current r | | | | | | | | | |
| С | If the answer is "Yes" to question 5 | | | · | | | | | | |
| | tax because it maintained expenditude If "Yes," attach the statement requi | | · | | | es 📙 | No | | | |
| . - | | | _ | | | | | | | |
| 6a | Did the foundation, during the year, | - | | | | _ | | | | |
| L | a personal benefit contract? Did the foundation, during the year, | | | | Y 6 | es 🗹 | No | 6b | | No. |
| b | If "Yes" to 6b, file Form 8870. | , pay p | oremiums, directly or inc | illectly, on a personal be | nent contract? | | | OD | | No |
| 7a | At any time during the tax year, wa | oc tha f | foundation a party to a r | robibited tay chalter tran | acaction? | | | | | |
| b | If "Yes", did the foundation receive | | | | Y€ | es 🗸 | No | 7b | | |
| 8 | Is the foundation subject to the sec | | • | | | • • | | 7.5 | | |
| Ū | excess parachute payment during the | | . , , , | | | | | | | |
| | | | | | | es 🗹 | 110 | | | |
| Pa | rt VIIII Information About (| Office | ers, Directors, Trusi | lees, roundation Ma | magers, nigniy r | alu El | npio | yees, | | |
| _ | List all officers, directors, truste | os fo | undation managers as | d their compensation | Eas instructions | | | | | |
| _1_ | List all officers, directors, truste | | o) Title, and average | (c) Compensation (If | (d) Contribution | is to | Τ | | | |
| | (a) Name and address | `` | hours per week | not paid, enter | employee benefit pl | | | | se acc Iowan | |
| | | + | devoted to position | -0-) | deferred compens | ation | <u> </u> | circi di | TOWATI | |
| Neil A | · · · · · · · · · · · · · · · · · · · | Truste 002.0 | | 8,000 | | | | | | |
| | 1aple St adge, OH 44278 | | | | | | | | | |
| | Rasnick | Truste | e | 8,000 | | | | | | |
| | Main St | 002.0 | 0 | · | | | | | | |
| | , OH 44308 | | | _ | | | <u> </u> | | | |
| | A Mosley Munson St NW Suite 200 | Truste 002.0 | | 0 | | | | | | |
| | on, OH 44718 | | | | | | | | | |
| 2 | Compensation of five highest-pa | id em | ployees (other than t | hose included on line 1 | L—see instructions |). If no | ne, ei | nter " | NONE. | ." |
| | | | (b) Title, and average | | (d) Contribution | | | _ | | |
| (a) | Name and address of each employee more than \$50,000 | paid | hours per week | (c) Compensation | employee bene plans and defer | | | | se acco owano | |
| | | | devoted to position | | compensatio | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Tota | I number of other employees paid ov | /er \$50 | ,000 | | | • | | | | |
| | | | | | | | | | | (2019) |

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|---|--|---------------------------|
| Part VIII Information About Officers, Directors, Trus and Contractors (continued) | stees, Foundation Managers, Highly Paid E | Employees, |
| 3 Five highest-paid independent contractors for professional | l services (see instructions). If none, enter "NO | NE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| | _ | |
| | | |
| | _ | |
| | | |
| | - | |
| | + | |
| | - | |
| | + | |
| | 7 | |
| Total number of others receiving over \$50,000 for professional services | | |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Inc organizations and other beneficiaries served, conferences convened, research pape | clude relevant statistical information such as the number of | Expenses |
| 1 NONE | ers produced, etc. | 0 |
| 2 | | |
| • | | |
| _ | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation | during the tax year on lines 1 and 2. | Amount |
| 1 NONE | | |
| 2 | | |
| | | _ |
| All other program-related investments. See instructions. | | |
| 3 | | |
| - | | - |
| | | 1 |
| Total. Add lines 1 through 3 | | • |
| | | Form 990-PF (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

1a

1b

2

За 3h

4

5

329,389

329,389

2,686

326,703

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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

Amounts set aside for specific charitable projects that satisfy the:

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

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

1

2

3

4

5

24,666

319,309

Form **990-PF** (2019)

Page 9

| Form 990-PF (20 | Form 990-PF (2019) | | | | | | | |
|-----------------|-----------------------------------|--------|--|--|--|--|--|--|
| Part XIII | Undistributed Income (see instruc | tions) | | | | | | |
| | | | | | | | | |

- 1 Distributable amount for 2019 from Part XI, line 7

(a)

Corpus

(b)

Years prior to 2018

(c)

2018

304,723

304,723

- 2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only.
- 3 Excess distributions carryover, if any, to 2019: a From 2014.
- **b** Total for prior years: 20______, 20______
- **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).
- **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. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **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 —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

6 Enter the net total of each column as

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

9 Excess distributions carryover to 2020.

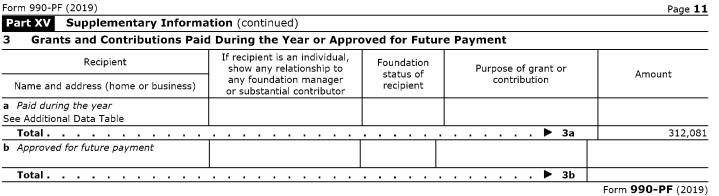
10 Analysis of line 9:

a Excess from 2015. . . **b** Excess from 2016. . c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. . .

Subtract lines 7 and 8 from line 6a

indicated below:

| P | art XIV | Private Operating Found | l ations (see instr | uctions and Part \ | /II-A, question 9) | | |
|----|---------------|---|----------------------------|------------------------|---------------------------|---------------------|------------|
| 1a | | ation has received a ruling or de and the ruling is effective for 20 | | | erating | | |
| b | Check box t | o indicate whether the organizat | ion is a private oper | ating foundation des | scribed in section \Box | 4942(j)(3) or 🗌 | 4942(j)(5) |
| 2a | | sser of the adjusted net | Tax year | | Prior 3 years | | (e) Total |
| | | n Part I or the minimum return from Part X for each | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | (e) Iotai |
| | | · · · · · · · · · · · | | | | | |
| b | | 2a | | | | | |
| C | | istributions from Part XII, | | | | | |
| | | ch year listed | | | | | |
| d | | cluded in line 2c not used active conduct of exempt | | | | | |
| е | for active co | istributions made directly onduct of exempt activities. e 2d from line 2c | | | | | |
| 3 | Complete 3a | , b, or c for the | | | | | |
| | | est relied upon: | | | | | |
| а | | ernative test—enter: | | | | | |
| | . , | of all assets | | | | | |
| | | of assets qualifying section 4942(j)(3)(B)(i) | | | | | |
| b | | t" alternative test— enter 2/3 | | | | | |
| | Part X, line | n investment return shown in 6 for each year listed | | | | | |
| С | | ternative test—enter: | | | | | |
| | | upport other than gross nent income (interest, | | | | | |
| | | nds, rents, payments | | | | | |
| | on sec | urities loans (section | | | | | |
| | , , | (5)), or royalties) | | | | | |
| | | t from general public or more exempt | | | | | |
| | | zations as provided in | | | | | |
| | section | 4942(j)(3)(B)(iii) | | | | | |
| | | t amount of support | | | | | |
| | | n exempt organization nvestment income | | | | | |
| | Su | pplementary Information | (Complete this | nart only if the | foundation had | \$5 000 or more i | n |
| Pa | | sets at any time during th | | | iouniuuion nuu | ,5,000 01 1110101 | ··· |
| 1 | Informatio | n Regarding Foundation Man | agers: | | | | |
| а | | nagers of the foundation who have close of any tax year (but only if | | | | | ı |
| | NONE | close of any tax year (but only if | they have contribut | ed more than \$5,00 | o). (See Section 507 | (u)(2).) | |
| h | | nagers of the foundation who ow | n 100% or more of th | o stock of a corner | tion (or an equally l | argo portion of the | |
| ь | | of a partnership or other entity) (| | | | inge portion or the | |
| | NONE | | | _ | | | |
| 2 | Informatio | n Regarding Contribution, Gr | ant, Gift, Loan, Sc | holarship, etc., Pro | ograms: | | |
| | Check here | $lacksquare$ \Box if the foundation only mak | es contributions to 1 | oreselected charitab | le organizations and | does not accent | |
| | unsolicited | requests for funds. If the founda | tion makes gifts, gra | ants, etc. to individu | ials or organizations | under | |
| | | tions, complete items 2a, b, c, a | | | • | | |
| а | The name. | address, and telephone number of | or e-mail address of | the person to whom | n applications should | be addressed: | |
| | | ley Huntington Natl Bank | | | | | |
| | | on St NW Suite 200 | | | | | |
| | Canton, OH | | | | | | |
| | (330) 258-2 | | | | | | |
| b | | which applications should be sul | bmitted and informa | tion and materials t | hey should include: | | |
| | | d statement | | | | | |
| С | • | sion deadlines: | | | | | |
| | NONE | | | | | | |
| d | | ions or limitations on awards, su | ch as by geographic | al areas, charitable | fields, kinds of institu | itions, or other | |
| | factors: | d -b-b | | | | | |
| | see attache | d statement | | | | | |



| iter gross | s amounts unless otherwise indicated. | Unrelated b | usiness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
|---------------------------------------|---|--|----------------------|---------------------------------------|----------------------|--|
| _ | n service revenue: | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions.) |
| | | | | | | |
| | | | | | | |
| | | | | + | | |
| | | | | | | |
| | | | | | | |
| g Fees | and contracts from government agencies | | | | | |
| | ership dues and assessments | | | | | |
| Interes investr | st on savings and temporary cash nents | | | | | |
| | nds and interest from securities | | | 14 | 149,035 | |
| | ntal income or (loss) from real estate: | | | | | |
| | financed property lebt-financed property | | | | | |
| | ntal income or (loss) from personal property | | | | | |
| | nvestment income | | | | | |
| | r (loss) from sales of assets other than | | | | | |
| invento | ory | | | 18 | 186,070 | |
| Net inc | ome or (loss) from special events: | | | | | |
| | profit or (loss) from sales of inventory | | | | | |
| Other • | revenue: a | | | | | |
| | | | | | | |
| | | | | + | | |
| | | | | | | |
| | al. Add columns (b), (d), and (e). | | | | 335,105 | |
| Supror | | | | | | |
| Total. | Add line 12, columns (b), (d), and (e) | | | 13 | • | |
| Total. (See w | Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu | lations.) | | | 333,233 | |
| Total. (See w art XV | Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu | lations.) e Accomplisi income is report | nment of Exem | pt Purposes f Part XVI-A contribut | ted importantly to | 335,105 |
| Total. (See wart XV ne No. | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to the 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 of the foundation | lations.) e Accomplisi income is report | nment of Exem | pt Purposes f Part XVI-A contribut | ted importantly to | 335,105 |
| Total. (See wart XV ne No. | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to the 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 of the foundation | lations.) e Accomplisi income is report | nment of Exem | pt Purposes f Part XVI-A contribut | ted importantly to | 335,105 |
| Total. (See wart XV) ne No. | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to the 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 of the foundation | lations.) e Accomplisi income is report | nment of Exem | pt Purposes f Part XVI-A contribut | ted importantly to | 335,105 |
| Total. (See w art XV ne No. | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to the 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 of the foundation | lations.) e Accomplisi income is report | nment of Exem | pt Purposes f Part XVI-A contribut | ted importantly to | 335,105 |
| Total. (See wart XV ne No. | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to the 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 of the foundation | lations.) e Accomplisi income is report | nment of Exem | pt Purposes f Part XVI-A contribut | ted importantly to | 335,105 |
| Total. (See wart XV) ne No. | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation. | lations.) e Accomplisi income is report | nment of Exem | pt Purposes f Part XVI-A contribut | ted importantly to | 335,105 |
| Total. (See wart XV) ne No. | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation. | lations.) e Accomplisi income is report | nment of Exem | pt Purposes f Part XVI-A contribut | ted importantly to | 335,105 |
| Total. (See wart XV ne No. | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation. | lations.) e Accomplisi income is report | nment of Exem | pt Purposes f Part XVI-A contribut | ted importantly to | 335,105 |
| Total. (See wart XV ne No. | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation. | lations.) e Accomplisi income is report | nment of Exem | pt Purposes f Part XVI-A contribut | ted importantly to | 335,105 |
| Total. (See w art XV ne No. | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation. | lations.) e Accomplisi income is report | nment of Exem | pt Purposes f Part XVI-A contribut | ted importantly to | 335,105 |
| Total. (See w art XV ne No. | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation. | lations.) e Accomplisi income is report | nment of Exem | pt Purposes f Part XVI-A contribut | ted importantly to | 335,105 |
| Total. (See w art XV ne No. | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation. | lations.) e Accomplisi income is report | nment of Exem | pt Purposes f Part XVI-A contribut | ted importantly to | 335,105 |
| Total. (See wart XV) ne No. | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation. | lations.) e Accomplisi income is report | nment of Exem | pt Purposes f Part XVI-A contribut | ted importantly to | 335,105 |
| Total. (See wart XV) ne No. | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation. | lations.) e Accomplisi income is report | nment of Exem | pt Purposes f Part XVI-A contribut | ted importantly to | 335,105 |
| Total. (See w art XV ne No. | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation. | lations.) e Accomplisi income is report | nment of Exem | pt Purposes f Part XVI-A contribut | ted importantly to | 335,105 |
| Total. (See w art XV ine No. | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to the 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 of the foundation | lations.) e Accomplisi income is report | nment of Exem | pt Purposes f Part XVI-A contribut | ted importantly to | 335,105 |

| Part XVII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations | |
|---------------|---|---|
| Did the organ | sization directly or indirectly engage in any of the following with any other organization described in section 501 | Т |

| | | Exempt Organi | zations | | | | | | | | | | | |
|--------------|-----------------|---|--------------------------------|---------------------|--------------|------------------------------------|------------|-----------------------------|--------------------|--------------------------|------------------|-----------------|-----------|------|
| 1 Did | d the org | ganization directly or in than section 501(c)(3) | directly enga organizations | ge in a s) or in | any of the | following with 527, relating to | any pol | other orga litical organ | nizatio ization | on described in sectors? | tion 501 | | Yes | No |
| a Tra | ansfers 1 | from the reporting foun | dation to a n | oncha | ritable exe | empt organizat | ion · | of: | | | | | | |
| (1 |) Cash. | | | | | | | | | | | 1a(1) | | No |
| (2 |) Other | rassets | | | | | | | | | | 1a(2) | | No |
| b Ot | her tran | sactions: | | | | | | | | | | | | |
| (1 |) Sales | of assets to a nonchar | itable exempt | t orgai | nization. | | | | | | | 1b(1) | | No |
| (2 |) Purch | nases of assets from a r | oncharitable | exem | pt organiz | zation | | | | | | 1b(2) | | No |
| (3 |) Renta | al of facilities, equipmer | nt, or other a | ssets. | | | | | | | | 1b(3) | | No |
| - | - | bursement arrangemen | • | | | | | | | | | 1b(4) | | No |
| - | - | s or loan quarantees. | | | | | | | | | | 1b(5) | | No |
| • | • | mance of services or m | | | | | | | | | | 1b(6) | | No |
| - | • | facilities, equipment, n | | | _ | | | | | | _ | 1c | | No |
| | - | wer to any of the above | | | • | | | | | | | | | |
| of | the goo | ds, other assets, or ser | vices given b | y the i | reporting | foundation. If t | he f | oundation r | receive | ed less than fair ma | rket valu | | | |
| in | any trar | nsaction or sharing arra | ngement, sh | ow in (| column (c | d) the value of | the | goods, othe | er asse | ts, or services rece | eived. | | | |
| (a) Lir | o No I | (b) Amount involved | (c) Namo of | noncha | ritable eve | mpt organization | ı | (d) Doscrir | ntion of | transfers, transaction | c and chai | ing arrar | aomon | tc |
| (a) LII | ie No. | (b) Amount involved | (C) Name of | ПОПСПа | iritable exe | inpt organization | + | (a) Descrip | ption or | transfers, transaction | s, and snai | ing arrai | igerrieri | LS |
| | _ | | | | | | + | | | | | | | |
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| | | | | | | | | | | | | | | |
| 2a Is | the four | ndation directly or indire | ectly affiliated | d with, | , or relate | d to, one or mo | ore t | tax-exempt | organ | izations | | _ | | |
| de | scribed | in section 501(c) (other | r than section | 501(| c)(3)) or i | in section 527? | | | | | Yes 🔽 | ⁷ No | | |
| b If | "Yes," co | omplete the following s | chedule. | | | | | | | | | | | |
| | | (a) Name of organization | on | | (l | ל) Type of organi | zatio | n | | (c) Description | n of relatio | nship | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | er penalties of perjury, | | | | | | | | | | | | |
| | | ly knowledge and belief Th preparer has any kno | | orrect, | and com | plete. Declarati | on c | of preparer | (other | than taxpayer) is i | oased on | all infor | mation | n of |
| Sigr | . | | wicage. | | | | | | | | May th | e IRS dis | cuse th | ic |
| der | | ***** | | | | 2020-11-10 | | *** | **** | | return | | | |
| iCi (| ~ - | | | | | | | —) — | | | with th below | ne prepar | er show | vn |
| | ' ' | Signature of officer or t | rustee | | | Date | | Title | е | | | ıstr.) 🗹 | ves [| l No |
| | | 1 | | | | | | | | 1 | (see ii | isti.) L | res – | - NO |
| | | Print/Type preparer's | name | Prepa | arer's Sigr | nature | | Date | | | PTIN | | | |
| | | | | | _ | | | | | Check if self- | | | | |
| | | Robin L Riemensch | neider | | | | | 2020 11 | 1 00 | employed ▶ 🗹 | | | | |
| Paic | I | Kosiii E Meillelisti | | | | | | 2020-11 | 1-03 | 1 | | | | |
| Pre | oarer | Firm's name ▶ Sele | l ct Fiduciary L | LC | | | | | | <u> </u> | | | | |
| | Only | | | | | | | | | | Firm's E | LIN ► | | |
| | • | | Box 420 | | | | | | | | | | | |
| | | | ototowa OII | 4427 | ,, | | | | | | Phone n | o. (330) | 777-0 | 0600 |
| | | Ro | otstown, OH | 442/ | 2 | | | | | | | ` -/ | | |
| | | _L | | | | | | | | | | | | |

Recipient If recipient is an individual, Purpose of grant or Foundation 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 | | | |
|---|----|--------------------------------|---------|
| Grove City College100 Campus Dr Grove City, PA 16127 | PC | Student Scholarships Diversity | 155,000 |

30,000

| 1010 0107,171 10127 | | | | |
|--|------|----|--------------------------------|--|
| eomed4209 State Route 44 ootstown, OH 44272 | | PC | Student Scholarships Diversity | |
| ar'Jon Bentley | None | | Scholarship | |

| Rootstown, OH 44272 | | | |
|----------------------------|------|-------------|-------|
| Dar'Jon Bentley | None | Scholarship | 3,000 |
| Baldwin Wallace University | | | |
| D OLL 44017 | | | |

| <u>'</u> | | | |
|------------------------|------|-------------|--|
| Jon Bentley | None | Scholarship | |
| win Wallace University | | - | |
| ea, OH 44017 | | | |

| Dar'Jon Bentley | None | Scholarship | 3,1 |
|----------------------------|------|-------------|-----|
| Baldwin Wallace University | | • | |
| D OIL 44017 | | | |

| Baldwin Wallace University Berea, OH 44017 | |
|--|--|
| Rores OH 44017 | |
| belea, oil 44017 | |

| Berea, OH 44017 | | |
|-----------------|----------|---------|
| Total | ▶ 3a | 312,081 |

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

or substantial contributor

Name and address (home or business)

Total .

| a Paid during the year | | | |
|---|------|-------------|-------|
| Destinee ReederHiram College Hiram, OH 44234 | None | Scholarship | 4,000 |

Landis JonesHiram College None Scholarship

| Landis JonesHiram College Hiram, OH 44234 | None | Scholarship | 3,000 |
|---|------|-------------|-------|
| Brianna Buckingham John Carroll University | None | Scholarship | 700 |
| University Heights OH 44119 | | | |

| Brianna Buckingham John Carroll University University Heights, OH 44118 | None | Scholarship | 7 |
|---|------|-------------|---|

| Brianna Buckingham | None | Scholarship | 700 |
|---|------|-------------|-----|
| John Carroll University University Heights, OH 44118 | | | |
| | | | |

312.081

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

| Jonathan SolomonKent State University | None | | Scholarship | 5.000 |
|---------------------------------------|----------------------------|---|-------------|-------|
| a Paid during the year | | | | |
| Name and address (nome or business) | or substantial contributor | · | | |

| Kent, OH 44240 | None | Scholarship | 5,000 |
|--------------------------------------|------|-------------|-------|
| Sydney ShuffordKent State University | None | Scholarship | 1,500 |

| Sydney ShuffordKent State University Kent, OH 44240 | None | Scholarship | 1,! |
|--|------|-------------|-----|
| | | | |

| Sydney ShuffordKent State University Kent, OH 44240 | None | Scholarship | 1 |
|--|------|-------------|---|
| Jatashia WaytMalone University | None | Scholarship | 1 |

| Kent, OH 44240 | | | |
|--------------------------------|------|-------------|-------|
| Jatashia WaytMalone University | None | Scholarship | 1,500 |

312,081

| | 1 | | |
|--------------------------------|------|-------------|------|
| Jatashia WaytMalone University | None | Scholarship | 1,50 |
| Canton, OH 44709 | | · | ŕ |

| Jatashia WaytMalone University | None | Scholarship | 1,! |
|--------------------------------|------|-------------|-----|
| Canton, OH 44709 | | | |

| Canton, OH 44709 | | |
|------------------|--|--|
| | | |

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

| a Paid during the year | | | |
|--|------|-------------|-------|
| Simone BurgessNotre Dame College South Euclid, OH 44121 | None | Scholarship | 5,500 |

| South Euclid, OH 44121 | | | |
|--|------|-------------|-------|
| Justi PeckNotre Dame College South Euclid, OH 44121 | None | Scholarship | 1,000 |
| | | | í |

| South Euclid, OH 44121 | None | Scholarship | 1,000 |
|---|------|-------------|-------|
| Ryanne CallowayNotre Dame College South Euclid, OH 44121 | None | Scholarship | 2,000 |

| South Eucha, Off 44121 | | | I |
|---|------|-------------|-------|
| Ryanne CallowayNotre Dame College South Euclid, OH 44121 | None | Scholarship | 2,000 |

312,081

| Ryanne CallowayNotre Dame College | None | Scholarship | 2, |
|-----------------------------------|------|-------------|----|
| South Euclid, OH 44121 | | | |

| South Euclid, OH 44121 | | • | |
|------------------------|--|---|--|
| | | | |

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 | | | |
|--|------|-------------|-------|
| Cheyenne Swenger Penn State University State College. PA 16801 | None | Scholarship | 3,000 |

| State College, PA 16801 | | | |
|--|------|-------------|--|
| Austin BowmanThiel College Greenville, PA 16125 | None | Scholarship | |

| | Austin BowmanThiel College Greenville, PA 16125 | None | Scholarship | |
|---|--|------|-------------|--|
| 1 | | | | |

| Greenville, PA 16125 | None | Scholarship | 1,500 |
|-----------------------------|------|-------------|-------|
| Jarren DanielsThiel College | None | Scholarship | 3,000 |

| Greenville, PA 16125 | | | |
|---|------|-------------|-------|
| Jarren DanielsThiel College Greenville, PA 16125 | None | Scholarship | 3,000 |

1 500

| Jarren DanielsThiel College Greenville, PA 16125 Scholarship | 3,000 |
|---|-------|
|---|-------|

| Greenville, PA 16125 | | | , |
|----------------------|------|------|---------|
| Total | | ▶ 3a | 312,081 |

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 (nome or business) | or substantial contributor | | |
|-------------------------------------|----------------------------|-------------|-------|
| a Paid during the year | | | |
| Autumn YoungUniversity of Akron | None | Scholarship | 3,000 |

| Akron, OH 44325 | ivone | Scholarship | 3,000 |
|-------------------------------|-------|-------------|-------|
| Kayla KeysUniversity of Akron | None | Scholarship | 2,500 |

| Kayla KeysUniversity of Akron Akron, OH 44325 | None | Scholarship | |
|--|------|-------------|--|
| | | | |

| Akron, OH 44325 | None | Scholarship | 2,300 |
|----------------------------------|------|-------------|-------|
| Shania CrawlyUniversity of Akron | None | Scholarship | 1,500 |

| Shania CrawlyUniversity of Akron | None | Scholarship | 1,500 |
|----------------------------------|------|-------------|-------|
| Akron, OH 44325 | | | |

312,081

| orialisa oranni, orintorono, orintatori | 110110 | | _ |
|---|--------|--|---|
| Akron, OH 44325 | | | |
| | | | |

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 husiness)

| Name and address (nome or business) | or substantial contributor | | |
|---|----------------------------|-------------|-------|
| a Paid during the year | | | |
| Anthony Scurry University of Mount Union | None | Scholarship | 5,034 |

| Alliance, OH 44601 | | | |
|---|------|-------------|-------|
| Breanna Arnett University of Mount Union Alliance, OH 44601 | None | Scholarship | 2,000 |

| Breanna Arnett University of Mount Union Alliance, OH 44601 | None | Scholarship | 2,000 |
|---|------|-------------|-------|
| Briana PorterUniversity of Mount Union | None | Scholarship | 2,500 |

| University of Mount Union Alliance, OH 44601 | | | |
|--|------|-------------|-------|
| Briana PorterUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | 2,500 |

| Briana PorterUniversity of Mount Union None Alliance, OH 44601 | Scholarship | 2,50 |
|--|-------------|------|
|--|-------------|------|

| Alliance, OH 44601 | · | · |
|--------------------|----------|---------|
| Total | ▶ 3a | 312,081 |

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

Total .

| | or substantial continuator | | |
|---|----------------------------|-------------|-------|
| a Paid during the year | | | |
| Chyna Richardson University of Mount Union Alliance, OH 44601 | None | Scholarship | 4,500 |
| G: M G! | | 6 1 1 1: | 7.500 |

| Alliance, OH 44601 | | | |
|--|------|-------------|-------|
| Cianna McGhee University of Mount Union Alliance, OH 44601 | None | Scholarship | 7,500 |
| | | | |

| University of Mount Union Alliance, OH 44601 | | | |
|---|------|-------------|-----|
| Danielle EsterUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | 600 |

312,081

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| Alliance, OH 44601 | | | |
|---|------|-------------|----|
| Danielle EsterUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | 60 |

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 | | | |
|---|------|-------------|-------|
| Darryl Newsom Jr University of Mount Union | None | Scholarship | 1,000 |

| Alliance, OH 44601 | | | |
|--|------|-------------|--|
| Diallo NiamkeUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | |

| Flish Burch Iniversity of Mount Union | None | Scholarshin | 3 000 |
|--|------|-------------|-------|
| Diallo NiamkeUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | 3,000 |

| Alliance, OH 44601 | | · | , |
|---------------------------------------|------|-------------|-------|
| Elijah BurchUniversity of Mount Union | None | Scholarship | 3,000 |

| Elijah BurchUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | 3 |
|---|------|-------------|---|

| Alliance, OH 44601 | | |
|--------------------|--|---|
| | | i |

312,081

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

| a Paid during the year | | | |
|--|------|-------------|-------|
| Elijah CobbUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | 3,500 |
| | | | |

| Essance Pluellniversity of Mount Union | Nema | Scholarchin | 3 000 |
|--|------|-------------|-------|
| Elijah HillUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | 2,000 |
| Alliance, OH 44601 | | | |

| Elijah HillUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | 2,000 |
|--|------|-------------|-------|
| Essence BlueUniversity of Mount Union | None | Scholarship | 3,000 |

| Alliance, Off 44001 | | | |
|---------------------------------------|------|-------------|-------|
| Essence BlueUniversity of Mount Union | None | Scholarship | 3,000 |
| Alliance, OH 44601 | | | · |

| Essence BlueUniversity of Mount Union | None | Scholarship | |
|---------------------------------------|------|-------------|--|
| Alliance, OH 44601 | | | |

| Alliance, OH 44601 | | |
|--------------------|--|--|
| | | |

| Rillance, On 44601 | | |
|--------------------|----------|---------|
| Total | ▶ 3a | 312.081 |

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

| | or substantial contributor | | |
|--|----------------------------|-------------|-------|
| a Paid during the year | | | |
| Giavonna HillUniversity of Mount Union | None | Scholarship | 2,000 |

| Alliance, OH 44601 | None | Scholarship | 2 |
|---|------|-------------|---|
| Halle RobinsonUniversity of Mount Union | None | Scholarship | 2 |

| Amarice, or 44001 | | | |
|---|------|-------------|--|
| Halle RobinsonUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | |

| Alliance, OH 44601 | None | Scholarship | 2,397 |
|---------------------------------------|------|-------------|-------|
| Hanna IngramUniversity of Mount Union | None | Scholarship | 1,000 |

| Alliance, OH 44601 | | | |
|---------------------------------------|------|-------------|-------|
| Hanna IngramUniversity of Mount Union | None | Scholarship | 1,000 |

| Hanna IngramUniversity of Mount Union | None | Scholarship | 1, |
|---------------------------------------|------|-------------|----|
| Alliance, OH 44601 | | | |

| Hanna IngramUniversity of Mount Union | None | Scholarship | 1,0 |
|---------------------------------------|------|-------------|-----|
| Alliance, OH 44601 | | | |

| Alliance, OH 44601 | | |
|--------------------|----------|---------|
| Total | ▶ 3a | 312,081 |

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

| | or substantial contributor | | |
|---|----------------------------|-------------|-------|
| a Paid during the year | | | |
| Jacob MoserUniversity of Mount Union Alliance OH 44601 | None | Scholarship | 2,250 |

| Alliance, OH 44601 | | | _, |
|---|------|-------------|-------|
| Jairod JamesUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | 4,000 |

| Jairod JamesUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | 4,000 |
|---|------|-------------|-------|
| Jalen FosterUniversity of Mount Union | None | Scholarship | 3,500 |

| Alliance, OH 44601 | | | |
|---|------|-------------|-------|
| Jalen FosterUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | 3,500 |

| Jalen FosterUniversity of Mount Union | None | Scholarship | 3,500 |
|---------------------------------------|------|-------------|-------|
| Alliance, OH 44601 | | | |

312,081

| Jaien FosterUniversity of Mount Union | None | Scholarship | - 3 |
|---------------------------------------|------|-------------|-----|
| Alliance, OH 44601 | | | |

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 | | | |
| Jordon JamesUniversity of Mount Union | None | Scholarship | 1,500 |

| Alliance, On 44001 | | | |
|---|------|-------------|--|
| Lakeera Wright University of Mount Union Alliance, OH 44601 | None | Scholarship | |

| | | 6 1 1 1: | 2.500 |
|---|------|-------------|-------|
| Lakeera Wright University of Mount Union Alliance, OH 44601 | None | Scholarship | 2,500 |

| University of Mount Union Alliance, OH 44601 | | | |
|---|------|-------------|-----|
| Lucius IvoryUniversity of Mount Union | None | Scholarship | 2,5 |

| Lucius TyoryUniversity of Mount Union | None | Scholarchin | 2.5 |
|---|------|-------------|-----|
| University of Mount Union Alliance, OH 44601 | | | |

| Lucius IvoryUniversity of Mount Union | None | Scholarship | 2,500 |
|---------------------------------------|------|-------------|-------|
| Alliance, OH 44601 | | | |

| Alliance, On 44801 | | | |
|--|------|-------------|-------|
| Lucius IvoryUniversity of Mount Union Alliance OH 44601 | None | Scholarship | 2,500 |

312,081

| Lucius IvoryUniversity of Mount Union | None | Scholarship | |
|---------------------------------------|------|-------------|--|
| Alliance, OH 44601 | | | |

Total .

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 | | | |
| Macei CarterUniversity of Mount Union | None | Scholarship | 4,500 |

| Macei CarterUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | 4,500 |
|---|------|-------------|-------|
| Marisa MartinUniversity of Mount Union | None | Scholarship | 3,000 |

| | Alliance, OH 44601 | | | |
|---|--|------|-------------|---|
| П | Marisa MartinUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | ; |

| Marisa MartinUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | 3,000 |
|--|------|-------------|-------|
| Sharif HowardUniversity of Mount Union | None | Scholarship | 1.700 |

| Alliance, OH 44601 | | | |
|--|------|-------------|-------|
| Sharif HowardUniversity of Mount Union | None | Scholarship | 1,700 |

| : | | | |
|--|------|-------------|-------|
| Sharif HowardUniversity of Mount Union | None | Scholarship | 1,700 |
| Alliance, OH 44601 | | | |

312,081

| Sharif HowardUniversity of Mount Union | None | Scholarship | |
|--|------|-------------|--|
| Alliance, OH 44601 | | | |

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 | | | |
| Shaun CooperUniversity of Mount Union | None | Scholarship | 2,500 |

| Alliance, OH 44601 | | | |
|--|------|-------------|-------|
| Shyanna White University of Mount Union | None | Scholarship | 1,000 |
| Alliance OH 44601 | | | |

| Shyanna White University of Mount Union Alliance, OH 44601 | None | Scholarship | 1,0 |
|--|------|-------------|-----|
| Sierra Storrellniversity of Mount Union | None | Scholarship | 1 (|

Total .

| Alliance, OH 44601 | | | |
|--|------|-------------|-------|
| Sierra StorrsUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | 1,000 |

| Sierra StorrsUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | 1,000 |
|--|------|-------------|-------|
| | | | |

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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 | | | |
| Trenton GalloUniversity of Mount Union | None | Scholarship | 2,000 |

| lliance, OH 44601 | | | |
|--|------|-------------|--|
| Irgela Cia Figaro Iniversity of Mount Union | None | Scholarship | |

Total .

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

| Urgela Cia Figaro | None | Scholarship | |
|---------------------------|------|-------------|--|
| University of Mount Union | | | |
| Alliance, OH 44601 | | | |
| | | | |

| University of Mount Union Alliance, OH 44601 | | | |
|---|------|-------------|-------|
| Xavier PillarUniversity of Mount Union | None | Scholarship | 2,000 |

2,200

312,081

| Alliance, OH 44601 | | | |
|---|------|-------------|-------|
| Xavier PillarUniversity of Mount Union Alliance, OH 44601 | None | Scholarship | 2,000 |

| | 1 | |
|--|-------------|-----|
| Xavier PillarUniversity of Mount Union None Alliance, OH 44601 | Scholarship | 2,0 |

Recipient Foundation Purpose of grant or If recipient is an individual, Amount contribution show any relationship to 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 | | | |
| Macie BerkleyUniversity of Pittsburgh | None | Scholarship | 3,000 |

| Macie BerkleyUniversity of Pittsburgh Pittsburgh, PA 15260 | None | Scholarship | |
|---|------|-------------|--|
| Thomas WilksWalsh University | None | Scholarship | |

| Pittsburgh, PÁ 15260 | | F | |
|------------------------------|------|-------------|-------|
| Thomas WilksWalsh University | None | Scholarship | 3,000 |

| Thomas WilksWalsh University | None | Scholarship | 3,000 |
|------------------------------|------|-------------|-------|
| North Canton, OH 44720 | | | |

| Thomas wirkswaish officersity | 110110 | Scholarship | 3,000 |
|-------------------------------|--------|-------------|-------|
| North Canton, OH 44720 | | | |
| | | | |

| | | | 1 |
|-------|------|----------------|---------|
| Total | | > 3a | 312,081 |

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|----------------------------------|--|----------|--------------------------|------------------------|---|--|
| TY 2019 Accounting Fees Schedule | | | | | | |
| | | | | | | |
| | Name: | The Thro | ckmorton Foundation | on | | |
| EIN: 61-6288548 | | | | | | |
| Softw | vare ID: | 1900961 | 0 | | | |
| Software \ | ersion: | 19.2.1.0 | | | | |
| Category | Amo | ount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| Select Fiduciary | | 1,365 | 682 | | 683 | |

TY 2019 General Explanation Attachment

Name: The Throckmorton Foundation

EIN: 61-6288548

Software ID: 19009610

Software Version: 19.2.1.0

General Explanation Attachment

| ldentifier | Return Reference | Explanation | |
|------------|---------------------|--|--|
| 1 | | Form 990-PF, Part XV, Line 2b - Application Format and Required Contents - Students must first be en | Form 990-PF, Part XV, Line 2b - Application Format and Required Contents - Students must first be enrolled in Grove City College or other colleges or universities in Eastern Ohio or Western Pennsylvania. The college, university or institution of higher education, through its ordinary and usual procedures, will determine economic need. The college, university, or institution of higher education will present to the trustees a list of candidates that meet the criteria or students may apply direct and provide the required information from the college, university or institution of higher education. Form 990-PF, Part XV, Line 2 d - Aw ard Restrictions or Limitations - Scholarships are to be aw arded to individuals of Native American or African American descent w ho demonstrate an economic need and a willingness to complete a higher education degree that will lead to a gainful career or vocation. All payments will be made directly to the college, university, or institution of higher education to be applied against tuition and other qualified expenses. Scholarships are aw arded annually and can be renew ed contingent upon maintaining the status of a full time student in good academic standing until graduation. Failure to meet the ongoing academic requirements will result in the forfeiture of any remaining undistributed portion of the scholarship. The educational institution will monitor the enrollment and academic standing of the recipients. If an insufficient number of candidates are available aw ards will be made to the general scholarship funds of Grove City College or other colleges located in Eastern Ohio or Western Pennsylvania. |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491315010160 |
|--------------------------------------|-------------------|---------------------|
| | | |
| TY 2019 Investments Corporat | te Bonds Schedule | |

Name: The Throckmorton Foundation

EIN: 61-6288548

Software ID: 19009610

Software Version: 19 2 1 0

| Software version: 19.2.1.0 | | | | |
|--|---------------------------|----------------------------------|--|--|
| Investments Corporate Bonds Schedule | | | | |
| Name of Bond | End of Year Book Value | End of Year Fair Market Value | | |
| Merck Co Inc 2.35 2/10/2022 | 49,361 | 51,561 | | |
| Wells Fargo Co 3 2/19/2025 | 50,245 | 53,813 | | |
| State Street Corp 3.1 5/15/2023 | 49,779 | 53,752 | | |
| Schwab Charles Corp 3.2 3/2/2027 | 151,480 | 167,946 | | |
| Coco Cola Co 2.45 11/01/2020 | 45,145 | 45,314 | | |
| Wisconsin Electric PWR Co 2.95 9/15/2021 | 99,838 | 102,243 | | |
| Airgas 2.9 11/15/2022 | 49,834 | 52,263 | | |
| ERP Operating LP 3 | 49,966 | 52,483 | | |
| JP Morgan Chase 4.25 10/15/2020 | 75,328 | 75,844 | | |
| Key Bank NA Series 3.35 6/15/2021 | 100,191 | 102,747 | | |
| Medtronic 3.15 3/15/2022 | 101,150 | 104,493 | | |
| Realty Income Corp 3.875 7/15/2024 | 106,862 | 108,063 | | |

TY 2019 Investments Corporate Stock Schedule

Name: The Throckmorton Foundation

EIN: 61-6288548

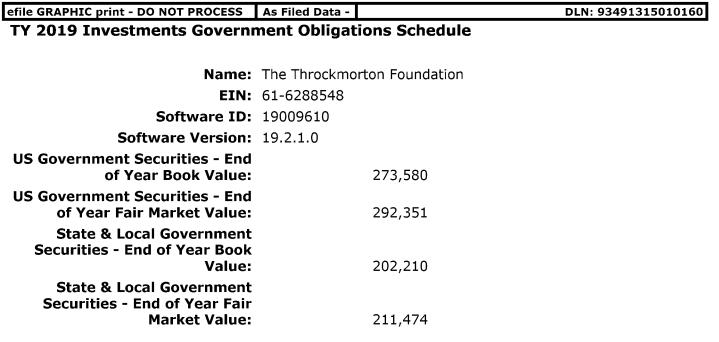
Software ID: 19009610

Software Version: 19.2.1.0

Investments Corporation Stock Schedule

| Name of Stock | End of Year Book Value | End of Year Fair Market Value | |
|---------------------------------|---------------------------|----------------------------------|--|
| IShares SP Smallcap 600 Index | 181,722 | 239,014 | |
| Costco Wholesale | 33,765 | 70,345 | |
| Apple | 23,386 | 116,371 | |
| Chevron | 44,544 | 53,538 | |
| Danaher | 52,367 | 87,531 | |
| Cisco Systems | 49,010 | 97,338 | |
| Honeywell | 52,248 | 72,729 | |
| JP Morgan Chase | 41,503 | 58,316 | |
| Johnson Johnson | 47,017 | 78,752 | |
| Nike | 16,832 | 101,482 | |
| Mondelez International | 72,421 | 89,120 | |
| Pepsico | 48,356 | 71,024 | |
| Raytheon Technologies | 20,719 | 35,493 | |
| Procter Gamble | 49,110 | 50,339 | |
| Target | 87,855 | 92,346 | |
| Thermo Fisher Scientific | 33,276 | 85,875 | |
| UnitedHealth Group | 41,802 | 89,370 | |
| Wal-Mart Stores | 84,695 | 84,565 | |
| Tennessee Valley Authority | 46,960 | 50,500 | |
| Accenture Place | 17,585 | 90,397 | |
| Union Pacific | 43,761 | 89,776 | |
| Automatic Data Processing | 41,392 | 75,785 | |
| Cognizant Tech Solutions | 78,338 | 80,798 | |
| Walt Disney | 45,841 | 75,158 | |
| Berkshire Hathaway Inc CL B | 46,742 | 67,655 | |
| Digital Realty | 79,587 | 97,203 | |
| Intuitive Surgical | 35,853 | 39,888 | |
| Lululemon Athletica | 55,437 | 78,003 | |
| IShares Core SP mid-cap ETF IJH | 380,515 | 489,005 | |
| Starbucks | 49,925 | 74,988 | |

| Name of Stock | End of Year Book Value | End of Year Fair Market Value | |
|-----------------------------|---------------------------|----------------------------------|--|
| Blackrock Inc | 48,655 | 85,966 | |
| Crown Castle Intl | 62,583 | 109,949 | |
| Abbott Laboratories | 33,230 | 76,893 | |
| Alphabet Inc Cl A | 43,264 | 102,100 | |
| Microsoft | 26,529 | 112,948 | |
| Visa Inc Class A | 29,740 | 85,188 | |
| IShares US Utilities ETF | 150,003 | 182,680 | |
| Sherwin Williams | 38,898 | 78,010 | |
| Amazon.com Inc | 53,532 | 140,700 | |
| Valero Energy Corp | 87,003 | 77,231 | |
| Adobe Systems | 78,438 | 104,910 | |
| Amgen Inc | 57,959 | 87,976 | |
| T-Mobile | 58,247 | 105,816 | |
| Stryker | 91,496 | 80,365 | |
| Mastercard Inc Cl A | 49,865 | 85,457 | |
| Salesforce.Com Inc | 66,758 | 106,591 | |
| Texas Instruments Inc | 69,142 | 85,578 | |
| Linde Public Limited | 41,501 | 86,753 | |
| Facebook | 79,527 | 110,356 | |
| Ecolab | 42,698 | 43,769 | |
| Paypal Holdings | 46,671 | 81,888 | |
| Verizon Communications | 88,120 | 80,269 | |
| American Europacific Growth | 300,000 | 367,394 | |



| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: | : 93491315010160 |
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| TY 2019 Other Expenses Schedule | | | | |
| - | | | | |
| Name: | Name: The Throckmorton Foundation | | | |
| EIN: | 61-6288548 | 61-6288548 | | |
| 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 |
| State Filing fee | 200 | | | 200 |
| Insurance | 1,225 | | | 1,225 |

| efile GRAPHIC print - DO NOT PROCE | SS As Filed Data | - | DL | N: 93491315010160 | |
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| TY 2019 Other Professiona | TY 2019 Other Professional Fees Schedule | | | | |
| | | | | | |
| Name: The Throckmorton Foundation | | | | | |
| EIN: 61-6288548 | | | | | |
| Software ID: 19009610 | | | | | |
| Software Version: 19.2.1.0 | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| Huntington National Bank - Investment | 65,071 | 65,071 | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | - | D | LN: 93491315010160 | |
|--------------------------------------|---------------|-----------------------------|------------------------|---|--|
| TY 2019 Taxes Schedule | | | | | |
| | | | | | |
| Name: | The Throckn | The Throckmorton Foundation | | | |
| EIN: | 61-6288548 | | | | |
| Software ID: | 19009610 | | | | |
| Software Version: | 19.2.1.0 | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| Estimated excise tax payments | 660 | | | | |