			CHANGE OF ACCOUNTING PERIOD		I OMB No 1545-0047
	Forn	QQ	Return of Organization Exempt From I		2020
	t Corn	رکات "	Do not enter social security numbers on this form as it may be		LOLO
	Depar	rtment of the	Treasury /   /		Open to Public Inspection
	_			DEC 31, 2020	
1	Вс	heck if	C Name of organization	D Employer identific	ation number
4	aj	pplicable	THE JOHN T. AND JANE A. WIEDERHOLD	06-1830	<b>84</b> 0
£		Address change	FOUNDATION		
w		Name change Initial	Doing business as	(*** <u>-</u> ***084	
J		return Final	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	E Telephone number (860)626-	
\		return/ termin-	33 EAST MAIN STREET, PO BOX 1144	G Gross receipts \$	2,100,584.
		ated Amended	City or town, state or province, country, and ZIP or foreign postal code TORRINGTON, CT 06790	H(a) Is this a group re	
		return Applica- tion	F Name and address of principal officer LESLIE HARRIS	for subordinates	
7		pending	SAME AS C ABOVE	H(b) A all subordinates in	
ردا			ot status X 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1) or 527		list See instructions
15	<u>J V</u>	Vebsite:	HTTPS://WWW.NORTHWESTCF.ORG/WIEDERHDLD-FOUN		
,-				of formation 1998 M	State of legal domicile: CT
	Ра		ummary	AND AMPROVI	אכ שעד
	ė	1 Bri	efly describe the organization's mission or most significant activities PROTECTING SLFARE OF ANIMALS OF ALL KINDS WITH A FOCUS O	A CATS-AND DO	OGS, THE
	Governance	2 Ch	eck this box if the organization discontinued its operations or disposed of more		
2	verr	3 Nu	1 14	<i>-</i> 1/ i	PT 6
2022		4 Nu	mber of independent voting members of the governing body (Part VI, line 15)	ENTO ENIL 4	6
	Š	ı	tal number of individuals employed in calendar year 2020 (Part V, line 2a)	JE11 5	0
1 1	ctivities	<b>6</b> To	tal number of volunteers (estimate if necessary)	6	0
N	Acti		tal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
=	_	b Ne	t unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
				Prior Year 0 .	Current Year 0 .
ij	e		ontributions and grants (Part VIII, line 1h) ogram service revenue (Part VIII, line 2g)	0.	0.
Ź	Revenue		restment income (Part VIII, column (A), lines 3, 4, and 7d)	912,736.	920,553.
SCANNED	æ		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
S			tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	912,736.	920,553.
		1	ants and similar amounts paid (Part IX, column (A), lines 1-3)	1,098,000.	518,265.
			nefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Q	es		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
_		16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e) tal fundraising expenses (Part IX, column (D), line 25)		0.
)	Expens	17 0	tal fundraising expenses (Part IX, column (D), line 25)	205,550.	99,701.
		17 Ot	tal expenses Add lines 13-17 (must equal Part IX, column (REGEIVED	1,303,550.	617,966.
`		19 Re	venue less expenses Subtract line 18 from line 12	-390,814.	302,587.
)	10,8		W   1002   Q   B	eginning of Current Year	End of Year
	Assets or	<b>20</b> To	tal assets (Part X, line 16)	23,632,386.	26,903,088.
	A AS		tal liabilities (Part X, line 26)	924,112.	691,383.
7707	<u></u>		et assets or fund balances Subtract line 21 from line 20 OGDEN, UT	22,708,274.	26,211,705.
			Signature Block s of perjury, I declare that I have examined this return, including accompanying schedules and statem	vente and to the best of my	knowledge and belief it is
رد د		-	s or perjury, I declare that I have examined this return, including accompanying scriedules and statem and complete. Declaration of preparer (other than officer) is based on all information of which preparei		Knowledge and Deller, it is
8	ii ue,	, 0011601, 8	The sulfation of property (until their union) is based on an information of which prepare	11/5/2021	
Ą	Sig	n	Signature of officer	Date	
₹	Her	١.	LESLIE HARRIS, CHAIR		
₹			Type or print name and title		
₹			Third type preparer's harme	Date   Check   11/10/2021   f	PTIN
<b>26 ました ロッド 本語名</b>	Paid		DWARD G. SULLIVAN	sell-employe	
$\tilde{\lambda}$			rm's name WHITTLESEY PC rm's address 280 TRUMBULL ST 24TH FL	Firm's EIN ▶	* * -* * 3 3 2 6
7 –	1100				

HARTFORD, CT 06103

May the IRS discuss this return with the preparer shown above? See instructions

No

Phone no. 860.522.3111

Form	990 (2020) FOUNDATION	**-***0842	Page 2
Par	t;III  Statement of Program Service Accomplishments		<del></del>
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
•	THE JOHN T. AND JANE A. WIEDERHOLD FOUNDATION WAS CREATED	D FOR THE	
	PURPOSE OF PROTECTING AND IMPROVING THE WELFARE OF ANIMAL		*****
	KINDS WITH A FOCUS ON CATS AND DOGS, THE PROMOTION OF VE		
	PROGRAMS AND THE PROTECTION OF WILDLIFE, INCLUDING ENDANG		S,
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	If "Yes," describe these changes on Schedule O		, (22), (40)
4	Describe the organization's program service accomplishments for each of its three largest program services, as it	measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		nd
	revenue, if any, for each program service reported	s, the total expenses, a	
4a	(Code ) (Expenses \$ 558,967. including grants of \$ 518, 265. ) (Revenue		
44	PROTECTING AND IMPROVING THE WELFARE OF ANIMALS OF ALL K		
	FOCUS ON CATS AND DOGS, THE PROMOTION OF VETERINARY PROG		
	PROTECTION OF WILDLIFE, INCLUDING ENDANGERED SPECIES, FLO		
	INCIDETION OF WINDHILL, INCHODING ENDINGERED BINGING, IE.	Oldi IMD IIIOI	
		·	
			<del></del>
		-	
41.		-	
4b	(Code) (Expenses \$) (Revenue)	ue \$	—— '
	· ·		
		_	
			<del></del>
			<del></del>
4c	(Code) (Expenses S) (Revenue)	ue \$	)
			<del></del>
	·		
		<del></del>	
4d	Other program services (Describe on Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	<u> </u>
<u>4e</u>	Total program service expenses ► 558,967.	<del></del>	
		Form 9	990 (2020)

\*\*\*08<u>42</u>

Form 990 (2020) FOUNDATION
Part IV Checklist of Required Schedules

_	Is the appropriate department on E01(o)(2) or 4047(o)(1) (other than a provete foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	·	8		Х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u> _
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	L
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
А	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25° /f "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			•
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18		
19		19		x
γna	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
2200	2.10.00.00	Form	990	(2020)

Par

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THE JOHN T. AND JANE A. WIEDERHOLD	+ +++0040		
990 (2020) FOUNDATION **  t IV Checklist of Required Schedules (continued)	*-***0842	P	age 4
Office Rist of Medalied Ochedules (continued)		Yes	No
Did the erganization report more than \$5,000 of grants or other essistance to or for democtic included also on		res	No
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curi	<del></del>		<del>  ^</del>
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete	ent		
	23		х
Schedule J > Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as c			
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
Schedule K If "No," go to line 25a	24a		x
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas			
any tax-exempt bonds?	24c		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, as			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comple			
Schedule L, Part I	25b		х
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employ	/ee,		
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% co	ntrolled		
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Par	rt III <b>27</b>		X
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
instructions, for applicable filing thresholds, conditions, and exceptions)			
A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?  f			
"Yes," complete Schedule L, Part IV	28a		X
A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
"Yes," complete Schedule L, Part IV	28c		X
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		l
contributions? If "Yes," complete Schedule M	30		X
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			۱.,
Schedule N, Part II	32		X
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<sub>v</sub>
Part V, line 1	34		X
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		┝≏
If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled ent			
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V, line 2	35b		

35 a

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O

#### Statements Regarding Other IRS Filings and Tax Compliance Part V

Check if Schedule O contains a response or note to any line in this Part V

1a	Enter the	number	reported ii	n Box 3	of Form	1096	Enter -0	- if not	applicable
----	-----------	--------	-------------	---------	---------	------	----------	----------	------------

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and rep (gambling) winnings to prize winners?

1a		0	, , ,		1 10/6/			
1b		0						
ortab	le gaming							
			1c					
	<u> </u>		Form <b>990</b> (2020					

36

37

Yes No

Page 5

FOUNDATION

Form 990 (2020) FOUNDATION
Partive Statements Regarding Other IRS Filings and Tax Compliance

4.64	State ments riegarding Other met mings and rax Compilation (continued)				
_	5	38%	505	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	- 0			
	filed for the calendar year ending with or within the year covered by this return  [2a]		1	0000	2502-7
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		b		
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3	b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١,			х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	र इ	a 🎉	0.40.60	3,37
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
E۵	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-	a	A.725.	X
5a h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		c		<del></del>
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solici		~		
6a	any contributions that were not tax deductible as charitable contributions?		a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ا ا	a		<del>                                     </del>
U	were not tax deductible?	ء ا	<sub>ib</sub>		
7	Organizations that may receive deductible contributions under section 170(c).			RVA.	\$Y. (A)
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the		a	and the second	X
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		ъ		<del></del>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<del>-</del>	~		
·	to file Form 8282?	7	'c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	-32			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7	e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<u>,</u>		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required		g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109		'n		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	22	332		30.5
	sponsoring organization have excess business holdings at any time during the year?		В	MARIE MARK	1 - 2 - 1 - 2
9	Sponsoring organizations maintaining donor advised funds.	. Ř.	Ž.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	g	a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	b		
10	Section 501(c)(7) organizations. Enter	32			
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	7/3			
11	Section 501(c)(12) organizations. Enter	2		70	
а	Gross income from members or shareholders		رکیدکر		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1,7			
	amounts due or received from them )	2.3			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1:	2a	1001100-0-0	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	14.3			****
а	Is the organization licensed to issue qualified health plans in more than one state?	1	3a		34000.00 340
	Note: See the instructions for additional information the organization must report on Schedule O	93			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		2		
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand			11.	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	10	4a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14	4Ь		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				<u>.</u> _
	excess parachute payment(s) during the year?		5	1884 - 2000'	<b>X</b>
	If "Yes," see instructions and file Form 4720, Schedule N				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	1	6	97952-83K	*9886.20
	If "Yes," complete Form 4720, Schedule O			000	1000
		F	orm	33U	(2020)

FOUNDATION

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Part Mi Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					X						
Sec	tion A. Governing Body and Management											
			_		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6			数						
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O					2 to 10						
ь	Enter the number of voting members included on line 1a, above, who are independent	1b	6	A C								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other	i Nerodia		200						
	officer, director, trustee, or key employee?		•	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision									
	of officers, directors, trustees, or key employees to a management company or other person?		•	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assi			5		X						
6	6 Did the organization have members or stockholders?											
-	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or									
•	more members of the governing body?	•		7a		Х						
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or									
_	persons other than the governing body?		, .	7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:									
а	The governing body?		•	8a	X	16.0						
b	Each committee with authority to act on behalf of the governing body?			8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	it the									
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code )	•								
	THIS OCCUPY PROCESS IN A MARKET WANTE VALUE OF THE MARKET WAS A VIOLENCE OF THE WAS A VIOLENCE O	romao	OVACA		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s. affiliates.									
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		, ,	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	re filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			100 X								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	hixan-ixalad						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y											
•	In Schedule O how this was done	CS, C	CSCIIDC	12c	х							
13	Did the organization have a written whistleblower policy?			13	Х							
14	Did the organization have a written document retention and destruction policy?			14	Х							
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent	17.72.8	Z>-2	(S. 18)						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	· <b>- ,</b>		3.2								
а	The organization's CEO, Executive Director, or top management official			15a	All market	X						
	Other officers or key employees of the organization		•	15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				TA'A	W.S						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	uth a	100								
	taxable entity during the year?			16a		X						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its r	articipation	PART 19	¥1.17	赞敬						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				100 A 100 A							
	exempt status with respect to such arrangements?			16b	429/ <u>1</u> 25	8000 E800						
Sec	tion C. Disclosure		<del></del>	1 100								
17	List the states with which a copy of this Form 990 is required to be filed NONE											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	)-T (Section 501(c)(3)	s only)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply		,===:::::::::::::::::::::::::::::::::::									
	Own website Another's website X Upon request Other (explain	on S	chedule (1)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		-,	d finan	aal							
13	statements available to the public during the tax year	(	or interest policy, are	- man								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records									
20	NORTHWEST CONNECTICUT COMMUNITY FOUNDATION - (860)6											
		679										
	JU LINE INTELLY TO DOM ITTEL TOMICION, CI	<u> </u>	_ <del>-</del>	Form	990	(2020)						

Page 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

See instructions for the order in which to list the persons above

(A)	(B)			((	C)	_		(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both or/trus	an tee)	compensation	compensation	amount of
	week	$\vdash$	T		<u> </u>	1 1		from	from related	other
	(list any hours for	ndividual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
•	related	6 01 (	tee			salec		(W-2/1099-MISC)	(44-2/1033-141130)	organization
	organizations	ruste	al trus		e de	a m	İ	(11.2) 1000 111100)		and related
	below	dual	nstitutional trustee	<u> </u>	Key employee	st co	<sub>25</sub>			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) LESLIE HARRIS	1.00									
CHAIR		Х	Ľ	Х				0.	0.	0
(2) SUSAN HACKNER	1.00									
TRUSTEE		Х		<u> </u>	<u> </u>	<u> </u>		0.	0.	0
(3) MICHAEL KEILEY	1.00	1				1				
TRUSTEE		X		<u> </u>	<u> </u>	L_	_	0.	0.	0
(4) CHRISTOPHER MALIK	1.00	1						_		_
TRUSTEE		Х				<u> </u>		0.	0.	0
(5) ALINE C. ROSSITER	1.00							_	_	_
TRUSTEE		Х	_	_	_	_	_	0.	0.	0
(6) TAL ILANY SEWERYN	1.00	1						1		
TRUSTEE	ļ	Х	<b>.</b>		ļ	ļ	<u> </u>	0.	0.	0
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Form	990 (2020) FOUNDATI	ИС								**_*	* * 0 8	342	Page 8
Pa	Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	, (A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	on d	Estir amo ot	F) mated unt of ther
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mi		fror organ and r	ensation in the nization related izations
												•	
										•			
													<del></del>
	<u> </u>												
С	Subtotal  Total from continuation sheets to Part V  Total (add lines 1b and 1c)	II, Section A						<b>&gt; &gt; &gt;</b>	0.		0.		0. 0.
2	Total number of individuals (including but recompensation from the organization	ot limited to th	ose	liste	d at	ove	) wh	o re	<u>-</u>	000 of reportabl			0
	<del>-</del>						•		<del>.</del>	<del> </del>			es No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual			•						ļ	3	X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	•								he organization		4	X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes." con	accrue comper	satı	on fi	rom	any	unre			dual for services	-	5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest countries the organization. Report compensation for										pensat	ion from	1
	(A) Name and business			ONE					(B) Description of s		С	(C) ompens	ation
									<del></del>				
	4550												
	A contract of the contract of								<u> </u>				-
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nited	d to	thos		ted	above) who received m	ore than			

\*\*-\*\*\*0842 Page 9

Ha	rt V		4							
			,Check if Schedule O c	contains a	response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 4	a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and								
Contribu	9	g r	similar amouņts not included Noncash contributions included in l <b>Total.</b> Add lines 1a-1f		1f 1g \$	<b>&gt;</b>				
Program Service Revenue						Business Code				
Pro	1		All other program service total. Add lines 2a-2f	revenue		<b>•</b>				
	3 4 5		Investment income (includ other similar amounts) Income from investment o Royalties			•	939,710.			939,710.
	6 a	a (	Gross rents Less rental expenses Rental income or (loss)	6a 6b 6c	ı) Real	(ii) Personal		Accordance Consequence (Consequence Consequence Conseq		
	7 3	a ( b l	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis	7a 1,	Securities 160,874.	(ii) Other	18 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Other Revenue	(	c ( d l a (	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisii Including \$	7c	180,031. -19,157.	<b>&gt;</b>	-19,157.	State and the state of the stat		-19,157.
0		` (    b	contributions reported on Part IV line 18 Less direct expenses		ee <u>8a</u> 8b		* CONTRACTOR OF THE SECOND SEC	7 (1)		2.00
	9 :	a ( b l	Net income or (loss) from Gross income from gamin Part IV, line 19 Less direct expenses	g activities	See 9 <u>9a</u>			The state of the s	or continuous continuous militaria continuous martina del continuous continuo	
	10 i	a ( b l	Net income or (loss) from Gross sales of inventory, I and allowances Less cost of goods sold	ess return	s <u>10a</u> 10b					
neous		a .	Net income or (loss) from	sales of in	ventory	Business Code				
Miscellaneous Revenue			All other revenue  Total. Add lines 11a-11d					fine as	A	
	12		Total revenue. See instruction	ns	<del></del>		920,553.	0.	0.	920,553.

032009 12-23-20

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) (B) Do not include amounts reported on lines 6b. Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII general expenses expenses expenses Grants and other assistance to domestic organizations 518,265. 518,265 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (nonemployees) 52,792. 38,538 14,254 a Management Legal 2,700. 2,700 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 42,045 42,045. Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 2,164 2,164 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) All other expenses 617,966. 558,967. 58,999. 0. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

032010 12-23-20

FOUNDATION

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1,266,735. 1,066,845. 1 Cash · non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 22,565,541. 25,636,353. 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 23,632,386. 26,903,088. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 11,000. 11,000. 17 Accounts payable and accrued expenses 17 680,383. 913,112. 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 924,112. 26 691,383. Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 22,708,274. 26,211,705. 27 Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds 26,211,705. 22,708,274. 32 Total net assets or fund balances 32 23,632,386. 26,903,088. Total liabilities and net assets/fund balances

Pa	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
			0.1	E	F 3
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,9	
3	Revenue less expenses Subtract line 2 from line 1	3		2,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,70		
5	Net unrealized gains (losses) on investments	5	3,15	0,8	44.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0,0	00.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	26,21	.1,7	<u>05.</u>
₹₽ai	TIXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				للل
			2427	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		— []		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	<u> </u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		3+	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		83 ' ij		
ь	Were the organization's financial statements audited by an independent accountant?		2b	9 9 9 9 9 9	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	1 m m as	week 6 An. 22
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O	<u> </u>	1 (5.5)	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	:		
	Act and OMB Circular A-133?		3a	<u> </u>	<u> </u>
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	•		For	990	(2D2D)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

**Employer identification number** Name of the organization THE JOHN T. AND JANE A. WIEDERHOLD \*\*-\*\*\*0842 FOUNDATION Reason for Public Charity Status. (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4)., 11 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a [X] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. X Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (I) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) NORTHWEST CONNECTICUT COMMUNI | \*\*-\*\*\*5733 0. 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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\*\*\*08/42 (Form 990 or 990-EZ) 2020 FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Òomplete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (e) 2020 Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unitto the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from li Section B. Total Support **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Calendar year (or fiscal year beginning in) (a) 2016 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tex year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 15 15 Public support percentage from 2019 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33\1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization gualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part V how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VN tow the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

more than 33 1/3%, cl/eck this box and stop here. The organization qualifies as a publicly supported organization

19a 33 1/3% support tests/- 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

Schedule A (Form 990 or 990-EZ) 2020

<u>%</u>

032023 01-25-21

18 Investment income percentage from 2019 Schedule A, Part III, line 17

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked box 12a, Part I, complete Sections A and B If you checked box 12b, Part I, complete Sections A and C If you checked box 12c, Part I, complete Sections A, D, and E If you checked box 12d, Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked box 12a or 12b in Part I, answer lines 4b and 4c below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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	dule A (Form 990 or 990-EZ) 2020 FOUNDATION	0	*	*-***0842 Page 6
( <u>Pa</u>	Type III Non-Functionally Integrated 509(a)(3) Supporti			Part VII) Can instructions
'	All other Type III non-functionally integrated supporting organizations mu	-	•	rait vij See ilisuuctions.
Sect	ion A - Adjusted Net Income	st complet	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Dèpreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ıon B - Minimum Asset Amount	<u> </u>	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	7.2	2 (2 (2)/2 (2 (2 (2)	
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 0 015 of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		NET Y	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	5.54 5.44 3.44 3	
2	Enter 0 85 of line 1	2	<b>数深变速激激</b>	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	<b>沙</b> 尼·罗及安全	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		#2504148-000 194.88-4 <u>3</u>	
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ited Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions)

THE JOHN T. AND JANE A. WIEDERHOLD \*\*-\*\*\*0842 Page 7 Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION Part : Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI) See instructions Distributable amount for 2020 from Section C, line 6 9 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2020 Pre-2020 **学校学家中学学园基层为科** YASK SINSK KARA Distributable amount for 2020 from Section C. line 6 1 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI) See instructions Brown Smilliam St. Julya Riv. Property of Comment 3 Excess distributions carryover, if any, to 2020 a From 2015 **b** From 2016 nnah il samululunlulununnnun on mengangangangan sega, se c From 2017 d From 2018 e From 2019 7/201999798 Total of lines 3a through 3e BEN WILLIAM CAN g Applied to underdistributions of prior years 是"特性"的"在"数据"。2015年 h Applied to 2020 distributable amount APPROXIMENT TO THE i Carryover from 2015 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from line 3f Distributions for 2020 from Section D. a Applied to underdistributions of prior years #EXACTIVE TO THE **b** Applied to 2020 distributable amount c Remainder Subtract lines 4a and 4b from line 4 5 Remaining underdistributions for years prior to 2020, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions -6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2021. Add lines 3j and 4c Breakdown of line 7 a Excess from 2016 

Schedule A (Form 990 or 990-EZ) 2020

A Company

b Excess from 2017c Excess from 2018

d Excess from 2019

Excess from 2020

Schedule A	(Form 990 or 990 EZ) 2020 FOUNDATION	**-***0842 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 11, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section II, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.)	ne 17a or 17b, Part III, line 12, B, lines 1 and 2, Part IV, Section C, 1, Part V, Section B, line 1e, Part V,
	(See Instructions )	····
<u> </u>		
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#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE JOHN T. AND JANE A. WIEDERHOLD FOUNDATION

Employer identification number \*\*-\*\*\*0842

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
•	organization answered "Yes" on Form 990, Part IV, Iin	e 6	
	·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's		Yes` No
6	Did the organization inform all grantees, donors, and donor a		used only
	for chantable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose o	conferring
	impermissible private benefit?	•	Yes No
Pai		ganization answered "Yes" on Form 990, F	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements is	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons-	ervation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(r	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
_	organization's accounting for conservation easements		
Pai	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		<del>-</del>
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pul		· ·
	service, provide in Part XIII the text of the footnote to its final		
Ь	If the organization elected, as permitted under FASB ASC 95	· · · · · · · · · · · · · · · · · · ·	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
<u>b</u>	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule D (Form 990) 2020

	dule D (Form 990) 2020 FOUNDAT					**_**		Page 2
.Par	t III   Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Sim	ilar Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significa	ant use of its		
	collection items (check all that apply)							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt pu	rpose in Part	XIII	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	r asset:	s _	_	_
_	to be sold to raise funds rather than to be ma						Yes	No.
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" or	n Form	990, Part IV,	ine 9, or	
	reported an amount on Form 990, Par	<del></del>						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets not	ınclud	ed	٦	<b>.</b>
	on Form 990, Part X?						_ Yes	X No
ь	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table			<u> </u>		
					$\vdash$	.	Amount	
c	Beginning balance					lc		
d	Additions during the year					ld		
e	Distributions during the year					le 1f		
f	Ending balance  Did the organization include an amount on Fe	orm 990 Part Y line	21 for accrow or cu	istodial account liabi	_	<u>"                                    </u>	Yes	No
	If "Yes," explain the arrangement in Part XIII				-		_ 163	<b>= "</b>
Par								
L		(a) Current year	(b) Prior year	(c) Two years back	ĭ	ree years back	(e) Four y	ears back
1a	Beginning of year balance	22,709,274.	22,792,534.	22,307,587.		1,011,918.	197.22.7	
b	Contributions		· · · · · · · · · · · · · · · · · · ·					
c	Net investment earnings, gains, and losses	4,071,397.	976,345.	1,540,651.		1,989,681.		
d	Grants or scholarships	525,921.	978,750.	975,146.		614,862.		
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	42,045.	80,855.	80,558.		79,150.		
g	End of year balance	26,212,705.	22,709,274.	22,792,534.	2	2,307,587.		
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as				
а	Board designated or quasi-endowment	100	_%					
ь	Permanent endowment ▶ .0000	%						
С	Term endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sho	·						
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for t	he orga	anization		
	by							es No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations	A.a.a. (	ad an Oak-dul- DO				3a(ii)	<del>  ^</del>
	If "Yes" on line 3a(ii), are the related organiza						3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas					
_ a	Complete if the organization answere		Part IV line 11a S	iee Form 990 Part Y	line 1	n		
	Description of property	(a) Cost or o			Accumi		(d) Book	value
	Description of property	basis (investr	1	1	eprecia	1	(W) DOOK	· a lu <del>U</del>
10	Land	223.5 ( 354.1	7 22010	, , , , , , , , , , , , , , , , , , , ,	,			·
b	Buildings			-				
	Leasehold improvements			<u> </u>	_			
	Equipment							
	Other							
_	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. column (B), line 1	0c.)		<b></b>		0.

Schedule D (Form 990) 2020

(a) Description of security or category (including name of security)	(b) Book value	e 11b See Form 990, Part X, line 12 (c) Method of valuation Cost or end-	of-year market value
1) Financial derivatives	. ,		<del></del>
2) Closely held equity interests	·		· · · · · · · · · · · · · · · · · · ·
3) Other			<u> </u>
(A)		- "	
(B)		-	
(C)		-	<del></del>
(D)			
(E)			
(F)			
(G)	<del></del>		
(H)	<del>1. 7. 1.2</del>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.  Complete if the organization answered "Yes" o	n Form 990 Part IV Jun		St. S. S. See S. M. M. Stephen W. W. C. C.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1)	, , ,	,,	<u> </u>
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
			<del></del>
(9)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part XX Other Assets.	in Form 990 Part IV lin		
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part X  Other Assets.  Complete if the organization answered "Yes" of			
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part/IX Other Assets.  Complete if the organization answered "Yes" of (a) E	n Form 990, Part IV, lin Description		(b) Book value
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part/IX Other Assets.  Complete if the organization answered "Yes" of (a) [			
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X Other Assets.  Complete if the organization answered "Yes" of (a) □  (1)  (2)			
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) Complete (C) (2) (3)			
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) C  (1)  (2)  (3)  (4)			
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) [1] (2) (3) (4) (5)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part/IX Other Assets.  Complete if the organization answered "Yes" o  (a) [1] (2) (3) (4) (5) (6)			
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part/IX Other Assets.  Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)			
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part/IX Other Assets.  Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)			
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part/IX Other Assets.  Complete if the organization answered "Yes" of (a) [2]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	Description		
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part/IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line (Part XX)  Other Liabilities.	Description	e 11d See Form 990, Part X, line 15	
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part/IX Other Assets.  Complete if the organization answered "Yes" of (a) □  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part/X Other Liabilities.  Complete if the organization answered "Yes" of (a)	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part/IX Other Assets.  Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part/X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description of liability	Description	e 11d See Form 990, Part X, line 15	
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part/IX Other Assets.  Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description of liability  (1) Federal income taxes	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part/IX Other Assets.  Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description of liability  (1) Federal income taxes  (2)	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part/IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line (Part X)  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)  (3)	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part/IX Other Assets.  Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description of liability  (1) Federal income taxes  (2)	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part/IX Other Assets.  Complete if the organization answered "Yes" or (a) [2]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line (Part X)  Complete if the organization answered "Yes" or 1.  (a) Description of liability  (1) Federal income taxes  (2)  (3)	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X Other Assets.  Complete if the organization answered "Yes" of (a) □  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line (Part X)  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part/IX Other Assets.  Complete if the organization answered "Yes" of (a) □  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line (Part) X □  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part X  Other Assets.  Complete if the organization answered "Yes" of (a) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X  Other Liabilities.  Complete if the organization answered "Yes" of 1.  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Description	e 11d See Form 990, Part X, line 15	(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 FOUNDATION		**-***0842 Page 4
	Reconciliation of Revenue per Audited Financial St	atements With Revenue	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a	
1	Total revenue, gains, and other support per audited financial statements	· · ·	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		<b>泛龙</b>
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	A S
е	Add lines 2a through 2d	<u> </u>	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		<b>3</b> *3
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		· 4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	(2.)	5
Pa	TXII Reconciliation of Expenses per Audited Financial S	tatements With Expense	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a	
1	Total expenses and losses per audited financial statements		1 .
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	• .	**************************************
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1,	•	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		133
а	Investment expenses not included on Form 990, Part VIII, line 7b	'   4a	
ь	Other (Describe in Part XIII )	4b	3 4, 2
С			4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5
Ŗа	tiXIII Supplemental Information.		
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b, Par	t V, line 4, Part X, line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information	•
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SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs gov/Form990 for the latest information THE JOHN T. AND JANE A. WIEDERHOLD

Name of the organization FOUNDATION Part I \* General Information on Grants and Assistance Employer identification number \*\*-\*\*\*0842

1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	istance, and the selecti	
critena used to award the grants or assi	stance?						X Yes  No
2 Describe in Part IV the organization's pr					·		
Part II Grants and Other Assistance to	Domestic Organiz	ations and Domestic	c Governments C	complete if the org	anızatıon answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5 000 Part II can	be duplicated if additi	ional space is need	ed	L M Habada		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NATURAL AREAS CONSERVANCY 1234 FIFTH AVENUE 2ND FLOOR NEW YORK, NY 10029	••* ***-*	5 <b>61</b> 8 <b>4</b> 9(3)	74,125.	0,			TO SUPPORT INTRODUCE AND EVALUATE THE EFFECTIVENESS OF MULTIPLE REFORESTATION TECHNIQUES
KESTREL LAND TRUST P.O. BOX 1016 AMHERST, MA 01004	•••	568 <u>2</u> 05(3)	50,000	0			TO SUPPORT ACQUISITION OF A CONSERVATION RESTRICTION ON 2,038 ACRES OF WOODLAND
STEEP ROCK ASSOCIATION, INC P.O. BOX 279 WASHINGTON DEPOT, CT 06794	••* ***-	5690dp(3)	160,000.	0			TO SUPPORT ACQUISITION OF 179 ACRES NEAR HIDDEN VALLEY PRESERVE
HOUSTATONIC VALLEY ASSOCIATION P.O. BOX 28 CORNWALL BRIDGE, CT 06754	*** ***-	569 <u>2</u> 05(3)	60,000.	0			FOLLOW THE FOREST
MONHONK PRESERVE, INC. P.O. BOX 715 NEW PALTZ, NY 12561	*** ***-*	369 <b>4</b> 64(3)	15,000.	0.			TO SUPPORT EXPANSION OF CITY KIDS ON THE RIDGE PROGRAM
CORNELL UNIVERSITY COLLEGE OF VETERINARY MEDICINE - S3-009 SCHURMAN HALL - ITHACA, NY 14853-6401	••* ***-	562062(3)	44,998.	0.			TO STUDY GYRFALCON HEALTH IN ALASKA
<ul> <li>Enter total number of section 501(c)(3) a</li> <li>Enter total number of other organization</li> </ul>			e line 1 table				<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) 2020

032101 11-02-20

		NE A. WIEDE	RHOLD				**-***0842 Page 1
Schedule I (Form 990) FOUNDATION Part II Continuation of Grants and Other A		nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa		*-***0842 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY COLLEGE OF VETERINARY MEDICINE - S3-009 SCHURMAN HALL - ITHACA, NY 14853-6401	••• •—••-•	3620 <b>3</b> 2(3)	10,300.	0.			TO SUPPORT SOS CORNELL STUDENT TEACHING PROGRAM
CORNELL UNIVERSITY COLLEGE OF VETERINARY MEDICINE - S3-009 SCHURMAN HALL - ITHACA, NY 14853-6401	**-*	3058 <b>61</b> (3)	30,646.	0.			TO RESEARCH PATHOGEN TRANSMISSION AND ANTIMICROBIAL RESISTANCE
COLEBROOK LAND CONERVANCY P.O. BOX 90 COLEBROOK, CT 06021	••••	5858 <b>8</b> 4(3)	71,500.	0.			TO SUPPORT ACQUISITION OF LAND IN NORTH COLEBROOK
NORTHWESTERN CONNECTICUT COMMUNITY COLLEGE - 74 PARK PLACE EAST - WINSTEAD, CT 06098	••* •**-	₹ <b>142</b> 5	1,696.	0.			TO PROVIDE VET TECH SCHOLARSHIP

Schedule I (Form 990)

Schedule I (Form 990)		. AND UANE A.				**-***0842 Page 2
	nd Other Assistance to Domestic Inc n be duplicated if additional space is i		organization answ	ered "Yes" on Form 9	90, Part IV, line 22	
(a)	Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
•						
-						
(0.00 . 34)			· · · · · · · · · · · · · · · · · · ·			
	ental Information Provide the inform	nation required in Part I lin	e 2 Part III, columi	n (b), and any other ac	ditional information	<del></del>
PART I, LIN						
	OFFICER IS RESPONS	<u> </u>				
AND ADHEREN	CE TO GRANT TERMS A	ND CONDITIONS	THROUGH	POST_GRANT	EVALUATIONS.	
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032102 11-02-20						Schedule I (Form 990) 2020

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public ► Go to www.irs.gov/Form990 for the latest information. Inspection

Name of the organization

THE JOHN T. AND JANE A. WIEDERHOLD FOINDATION

Employer identification number \*\*-\*\*\*0842

OMB No 1545-0047

TOUNDATION
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTION OF VETERINARY PROGRAMS AND THE PROTECTION OF WILDLIFE,
INCLUDING ENDANGERED SPECIES, FLORA AND FAUNA.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FLORA AND FAUNA.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PROVIDED TO THE FOUNDATION, CHAIR OF THE TRUSTEES IN DRAFT
FORM. THEY REVIEW THE DOCUMENTS, UPON APPROVAL, THEY ARE PRESENTED TO THE
REST OF THE TRUSTEES. UPON THEIR APPROVAL, THE RETURN IS AVAILABLE FOR
DISTRIBUTION AND FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS MONITORED THROUGHOUT THE YEAR.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN GRANT AWARDS 50,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020