

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE TROY FOUNDATION		D Employer identification number 31-6018703
	Doing business as		E Telephone number 937-339-8935
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 20,921,553.
	216 W FRANKLIN ST		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code TROY, OH 45373-3234		H(b) Are all subordinates included? Yes No	
F Name and address of principal officer: MELISSA KLEPTZ SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J Website: WWW.THETROYFOUNDATION.ORG			
K Form of organization: Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association Other <input type="checkbox"/>			L Year of formation: 1924 M State of legal domicile: OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE FOR OUR COMMUNITY BY CONNECTING DONORS TO CHARITABLE CAUSES FOR		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	17
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	-9,643.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,966,332.	Current Year 6,256,073.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,605,096.	8,133,275.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,618.	34,111.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,587,046.	14,423,459.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,783,721.	7,502,159.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	375,831.	414,367.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	579,043.	592,526.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,738,595.	8,509,052.	
19 Revenue less expenses. Subtract line 18 from line 12	5,848,451.	5,914,407.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 89,521,773.	End of Year 105,029,165.
	21 Total liabilities (Part X, line 26)	5,781,106.	7,470,463.
	22 Net assets or fund balances. Subtract line 21 from line 20	83,740,667.	97,558,702.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	MELISSA KLEPTZ, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KAREN O CRIM	Preparer's signature <i>Karen O. Crim</i>	Date 10/31/20	Check if self-employed <input type="checkbox"/>	PTIN P00368385
	Firm's name RSM US LLP	Firm's EIN 42-0714325	Firm's address 6 SOUTH PATTERSON DAYTON, OH 45402		
			Phone no. 937-298-0201		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: TO IMPROVE THE QUALITY OF LIFE FOR OUR COMMUNITY BY CONNECTING DONORS TO MEANINGFUL CAUSES FOR A BETTER TOMORROW.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 7,791,979. including grants of \$ 7,502,159.) (Revenue \$) IN 2019, THE TROY FOUNDATION PROVIDED NEARLY 1,800 GRANTS IN VARIOUS CATEGORIES INCLUDING WILDLIFE PROTECTION AND PRESERVATION, ARTS, CULTURE AND HUMANITIES, BEAUTIFICATION, EDUCATION, ENVIRONMENT, HEALTH AND HUMAN SERVICES, PHILANTHROPY, VOLUNTEERING, AND GRANT MAKING, RECREATIONAL, RELIGIOUS, SOCIAL SERVICES, AND YOUTH DEVELOPMENT.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,791,979.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in 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 reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI 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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ASHLEY LITRELL - (937) 339-8935
216 W FRANKLIN ST., TROY, OH 45373

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JESSICA MINESINGER PRESIDENT GOV BD	1.00 0.10	X		X				0.	0.	0.
(2) BRENT BLACK VICE PRESIDENT GOV BD	1.00 0.10	X		X				0.	0.	0.
(3) TOM GIERE GOV BD	1.00 0.10	X						0.	0.	0.
(4) JOE DICKERSON GOV BD	1.00 0.10	X						0.	0.	0.
(5) CRAIG WISE GOV BD/DIST COM (TO 4/30/2019)	1.00 0.10	X						0.	0.	0.
(6) GREG TAYLOR GOV BD/DIST COM (AS OF 5/1/2019)	1.00 0.10	X						0.	0.	0.
(7) DAVE DIPPOLD GOV BD/TTEE COM	1.00 0.10	X						0.	0.	0.
(8) ED PURVIS GOV BD	1.00 0.10	X						0.	0.	0.
(9) WILLIAM J. FULKER SECRETARY GOV BD (NONVOTING)	1.00 0.10			X				0.	0.	0.
(10) MELISSA KLEPTZ EXECUTIVE DIRECTOR	39.90 0.10			X				107,770.	0.	38,995.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							107,770.	0.	38,995.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							107,770.	0.	38,995.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
US BANK 910 WEST MAIN STREET, TROY, OH 45373	INVESTMENT MANAGEMENT	186,045.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	43,708.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,212,365.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,605,292.				
	h Total. Add lines 1a-1f			6,256,073.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,208,613.		2,208,613.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal	1,950.			
	b Less: rental expenses ...	6b		0.			
	c Rental income or (loss)	6c		1,950.			
	d Net rental income or (loss)			1,950.		1,950.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other	12,413,480.			
	b Less: cost or other basis and sales expenses	7b		6,488,818.			
c Gain or (loss)	7c		5,924,662.				
d Net gain or (loss)			5,924,662.		5,924,662.		
8 a Gross income from fundraising events (not including \$ 43,708. of contributions reported on line 1c). See Part IV, line 18	8a			41,437.			
				9,276.			
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			32,161.		32,161.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			14,423,459.	0.	0.	8,167,386.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,715,201.	6,715,201.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	786,958.	786,958.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	146,765.		146,765.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	184,393.		184,393.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,139.		7,139.	
9 Other employee benefits	52,227.		52,227.	
10 Payroll taxes	23,843.		23,843.	
11 Fees for services (nonemployees):				
a Management				
b Legal	2,396.		2,396.	
c Accounting	29,715.		29,715.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	289,820.	289,820.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	6,598.		6,598.	
13 Office expenses	24,796.		24,796.	
14 Information technology	45,591.		45,591.	
15 Royalties				
16 Occupancy	16,569.		16,569.	
17 Travel	2,699.		2,699.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,051.		6,051.	
23 Insurance	7,765.		7,765.	
24 Other expenses. Itemize expenses not covered 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.)				
a EVENTS	75,722.		75,722.	
b CLEANING & MAINTENANCE	25,524.		25,524.	
c ANNUAL REPORT	16,557.		16,557.	
d MEMBERSHIP DUES	13,045.		13,045.	
e All other expenses	29,678.		29,678.	
25 Total functional expenses. Add lines 1 through 24e	8,509,052.	7,791,979.	717,073.	0.
26 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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	630,064.	1	484,911.
	2 Savings and temporary cash investments	3,700,889.	2	3,683,592.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 661,165.		
	b Less: accumulated depreciation	10b 23,969.	643,247.	10c 637,196.
	11 Investments - publicly traded securities	84,547,573.	11	100,223,466.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	89,521,773.	16	105,029,165.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,781,106.	25	7,470,463.
	26 Total liabilities. Add lines 17 through 25	5,781,106.	26	7,470,463.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	18,956,919.	27	21,691,286.
	28 Net assets with donor restrictions	64,783,748.	28	75,867,416.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	83,740,667.	32	97,558,702.
	33 Total liabilities and net assets/fund balances	89,521,773.	33	105,029,165.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,423,459.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,509,052.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,914,407.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	83,740,667.
5	Net unrealized gains (losses) on investments	5	7,903,628.
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.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	97,558,702.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **THE TROY FOUNDATION** Employer identification number **31-6018703**

Part I 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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete 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

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2873945.	5504472.	10028062.	3966332.	6256073.	28628884.
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 unit to the organization without charge						
4 Total. Add lines 1 through 3	2873945.	5504472.	10028062.	3966332.	6256073.	28628884.
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)						9162375.
6 Public support. Subtract line 5 from line 4.						19466509.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2873945.	5504472.	10028062.	3966332.	6256073.	28628884.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1836131.	1840721.	2165317.	2231923.	2210563.	10284655.
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						38913539.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	50.03 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	47.77 %
16a 33 1/3% support test - 2019. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. 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 qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. 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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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?		
6 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
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 emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

THE TROY FOUNDATION

Employer identification number

31-6018703

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization THE TROY FOUNDATION	Employer identification number 31-6018703
--------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>196,444.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,779,266.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>502,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>360,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>274,321.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>243,187.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE TROY FOUNDATION	Employer identification number 31-6018703
--------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>345,640.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>196,348.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>261,135.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>127,032.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>128,553.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE TROY FOUNDATION	Employer identification number 31-6018703
--------------------------------------------------------	---------------------------------------------------------

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	SECURITIES _____ _____ _____	\$ <u>138,651.</u>	<u>12/18/19</u>
7	SECURITIES _____ _____ _____	\$ <u>344,890.</u>	<u>12/13/19</u>
8	SECURITIES _____ _____ _____	\$ <u>189,848.</u>	<u>12/03/19</u>
9	SECURITIES _____ _____ _____	\$ <u>260,125.</u>	<u>12/18/19</u>
10	SECURITIES _____ _____ _____	\$ <u>127,032.</u>	<u>11/18/19</u>
11	SECURITIES _____ _____ _____	\$ <u>128,553.</u>	<u>11/18/19</u>

Name of organization THE TROY FOUNDATION	Employer identification number 31-6018703
--------------------------------------------------------	---------------------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2019

Open to Public Inspection

Name of the organization THE TROY FOUNDATION **Employer identification number** 31-6018703

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	48	262
2 Aggregate value of contributions to (during year)	2,659,246.	3,972,459.
3 Aggregate value of grants from (during year)	3,403,065.	2,572,808.
4 Aggregate value at end of year	14,927,302.	60,019,335.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	49,684,785.	44,815,341.	42,847,653.	37,873,969.	38,427,369.
b Contributions	3,872,828.	1,644,323.	1,588,282.	4,461,701.	1,550,873.
c Net investment earnings, gains, and losses	10,014,205.	6,679,833.	2,275,069.	2,418,282.	-239,325.
d Grants or scholarships	2,484,822.	2,817,468.	1,328,562.	1,452,109.	1,440,279.
e Other expenditures for facilities and programs					
f Administrative expenses	482,100.	637,244.	567,101.	454,190.	424,669.
g End of year balance	60,604,896.	49,684,785.	44,815,341.	42,847,653.	37,873,969.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 27.10 %
 - c Term endowment 72.90 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	627,500.			627,500.
b Buildings				
c Leasehold improvements				
d Equipment		33,665.	23,969.	9,696.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				637,196.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENT LIABILITIES	7,470,463.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,470,463.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	22,294,926.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	7,903,628.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	7,903,628.
3	Subtract line 2e from line 1	3	14,391,298.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	32,161.
c	Add lines 4a and 4b	4c	32,161.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,423,459.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	8,520,794.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	43,903.
e	Add lines 2a through 2d	2e	43,903.
3	Subtract line 2e from line 1	3	8,476,891.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	32,161.
c	Add lines 4a and 4b	4c	32,161.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,509,052.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part 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.

PART V, LINE 4:

THE ORGANIZATION'S UNRESTRICTED FUNDS ARE EXPENDED FOR CHARITABLE PURPOSES AS DEEMED APPROPRIATE BY THE DISTRIBUTION COMMITTEE OF THE FOUNDATION.

THE ORGANIZATION'S DONOR-ADVISED FUNDS INCLUDE TRUSTS WHICH THE DONOR MAY ADVISE OR APPOINT AN ADVISORY COMMITTEE TO RECOMMEND GRANTS TO THE DISTRIBUTION COMMITTEE. THE ORGANIZATION'S DONOR-DESIGNATED FUNDS INCLUDE ENDOWMENT FUNDS, CLASSIFIED AS PERMANENTLY RESTRICTED, AND, AS SUCH, DISTRIBUTIONS UNDER THESE FUNDS ARE LIMITED TO EARNINGS ON INVESTMENTS HELD BY THE FUNDS. THE ORGANIZATION'S FIELD-OF-INTEREST FUNDS DO NOT COMMIT GIFTS TO ANY PARTICULAR ORGANIZATION. GRANT RECIPIENTS ARE IDENTIFIED BY THE FOUNDATION, WHICH MAY TAKE INTO CONSIDERATION THE SUGGESTIONS OF FUND DONORS.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

INCOME TAX FOOTNOTE FROM THE DECEMBER 31, 2019 CONSOLIDATED AUDITED
FINANCIAL STATEMENTS:

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE.

MANAGEMENT DOES NOT BELIEVE THAT THE AGENCY CONDUCTS ANY ACTIVITIES
SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, MANAGEMENT
CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE
ADJUSTMENT TO THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE
FOUNDATION'S FEDERAL INFORMATION RETURNS ARE NO LONGER SUBJECT TO
EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2016.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET FUNDRAISING INCOME 32,161.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DEPRECIATION EXPENSE INCLUDED ON TF LAND, INC. RETURN 43,903.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

NET FUNDRAISING INCOME 32,161.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

THE TROY FOUNDATION

Employer identification number

31-6018703

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		MIAMI EAST ALUMNI ASSOC (event type)	MIAMI EAST EDUCATION FO (event type)	5 (total number)		
Revenue	1	Gross receipts	16,683.	13,680.	54,782.	85,145.
	2	Less: Contributions	13,620.	6,405.	23,683.	43,708.
	3	Gross income (line 1 minus line 2)	3,063.	7,275.	31,099.	41,437.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	2,485.		2,010.	4,495.
	8	Entertainment				
	9	Other direct expenses	1,333.		3,448.	4,781.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				9,276.
11	Net income summary. Subtract line 10 from line 3, column (d)				32,161.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **THE TROY FOUNDATION** Employer identification number **31-6018703**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
AFRICA ACCESS 2204 QUINTON RD. SILVER SPRING, MD 20910	52-1689732	501(C)(3)	15,000.	0.			CABA 19/20 EXPENSES
AFRICA ACCESS 2204 QUINTON RD. SILVER SPRING, MD 20910	52-1689732	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AIR FORCE MUSEUM DEVELOPMENT OFFICE - P.O. BOX 1903 - WRIGHT-PATTERSON AIR FORCE BASE, OH 45433	31-0668800	501(C)(3)	5,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS OF THE NORTHERN MIAMI VALLEY - 1314 BARNHART ROAD - TROY, OH 45373	53-0196605	501(C)(3)	2,000.	0.			TORNADO DISASTER RELIEF FOR MIAMI COUNTY
AMERICAN RED CROSS OF THE NORTHERN MIAMI VALLEY - 1314 BARNHART ROAD - TROY, OH 45373	53-0196605	501(C)(3)	3,175.	0.			GENERAL SUPPORT
AMERICAN RED CROSS OF THE NORTHERN MIAMI VALLEY - 1314 BARNHART ROAD - TROY, OH 45373	53-0196605	501(C)(3)	5,250.	0.			HOME FIRE CAMPAIGN

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **103.**
- 3** Enter total number of other organizations listed in the line 1 table **4.**

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ARBOGAST PERFORMING ARTS CENTER P.O. BOX 841 TROY, OH 45373	83-0889260	501(C)(3)	811,000.	0.			GENERAL SUPPORT
ARBOGAST PERFORMING ARTS CENTER P.O. BOX 841 TROY, OH 45373	83-0889260	501(C)(3)	7,550.	0.			GROWING A GREATER TOMORROW PROGRAM
BETHEL LOCAL SCHOOLS 7490 SOUTH STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	2,744.	0.			2020 ART SHOW AND PRESENTATIONS
BETHEL LOCAL SCHOOLS 7490 SOUTH STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	658.	0.			CAMP KERN FIELD TRIP
BETHEL LOCAL SCHOOLS 7490 SOUTH STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	770.	0.			JANUARY 2019 ART SHOW
BETHEL LOCAL SCHOOLS 7490 SOUTH STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	239.	0.			SCIENCE BOOKS IN ELEMENTARY LIBRARY
BETHEL LOCAL SCHOOLS 7490 SOUTH STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	2,500.	0.			SOCIAL EMOTIONAL AWARENESS COUNSELOR INTERVENTION PROGRAM
BETHEL LOCAL SCHOOLS 7490 SOUTH STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	3,850.	0.			STUDENT TRIP TO NASHVILLE FOR COMPETITION
BIG BROTHERS, BIG SISTERS OF THE GREATER MIAMI VALLEY - 22 SOUTH JEFFERSON STREET - DAYTON, OH 45402	31-0641306	501(C)(3)	10,000.	0.			MENTOR TROY CONTINUATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BIG BROTHERS, BIG SISTERS OF THE GREATER MIAMI VALLEY - 22 SOUTH JEFFERSON STREET - DAYTON, OH 45402	31-0641306	501(C)(3)	3,200.	0.			GENERAL SUPPORT
BRENTWOOD BUILDERS REMODELERS DEVELOPERS - 100 PARKVIEW LANE - CEDARVILLE, OH 45314			22,373.	0.			CONSTRUCTION MANAGEMENT PROFESSIONAL SERVICES FOR 2018
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	275.	0.			"BIG SIT" \$5 X 55 SPECIES
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	1,000.	0.			DINNER AT THE CABIN EVENT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	1,000.	0.			ENVIRONMENTAL EDUCATION PROGRAMS FOR LINCOLN COMMUNITY CENTER KIDS
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	11,058.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	84,936.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	250.	0.			GENERAL SUPPORT IMO SUSAN BLACKMORE KERFER
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	12,530.	0.			GROWING A GREATER TOMORROW PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	136.	0.			NOCTURNAL ADVENTURES HEADLAMPS
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	1,000.	0.			PRE-RELEASE ENCLOSURE
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	488.	0.			REHAB BUILDING PROJECT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	4,357.	0.			REPAIR OF BUCKEYE TRAIL BRIDGE
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	500.	0.			ROBERT HEIDELBERG ANNUAL LECTURE SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	1,000.	0.			SIDNEY SCHOOLS/HOLY ANGELS ENVIRONMENTAL PROGRAM
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	1,500.	0.			WEEKLONG SUMMER CAMP FOR GARDEN MANOR KIDS
BRUNS GENERAL CONTRACTING, INC. 3050 TIPP-COWLESVILLE ROAD TIPP CITY, OH 45371			59,442.	0.			CONSTRUCTION COSTS
BRUNS GENERAL CONTRACTING, INC. 3050 TIPP-COWLESVILLE ROAD TIPP CITY, OH 45371			36,000.	0.			PARTIAL PAYMENT ON PROJECT # 17-246

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BRUNS GENERAL CONTRACTING, INC. 3050 TIPP-COWLESVILLE ROAD TIPP CITY, OH 45371			2,896.	0.			STATUE PARK SIGNAGE
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUERORA ST., SUITE 400 LOS ANGELES, CA 90012	95-3510055		5,000.	0.			GENERAL SUPPORT
CATHOLIC YOUTH SUMMER CAMP, INC. 3 TOWNSHIP HIGHWAY 200 CENTERBURG, OH 43011	20-8398029	501(C)(3)	10,000.	0.			MISSIONARY OUTREACH PROGRAM - DEMASCUS CAMPUS
CHILD CARE CHOICES, INC. 4817 STATE ROUTE 202 TIPP CITY, OH 45371	31-1212898	501(C)(3)	2,200.	0.			GENERAL SUPPORT
CHILD CARE CHOICES, INC. 4817 STATE ROUTE 202 TIPP CITY, OH 45371	31-1212898	501(C)(3)	1,900.	0.			GROWING A GREATER TOMORROW PROGRAM
CHILD CARE CHOICES, INC. 4817 STATE ROUTE 202 TIPP CITY, OH 45371	31-1212898	501(C)(3)	7,000.	0.			STORY LADY PROGRAM
CHILD CARE CHOICES, INC. 4817 STATE ROUTE 202 TIPP CITY, OH 45371	31-1212898	501(C)(3)	800.	0.			TECHNOLOGY SUPPORT
CHOICE COMFORT SERVICES 150 N. DIXIE DRIVE UNION, OH 45377			30,000.	0.			ADMINISTRATIVE EXPENSE
CHOICE COMFORT SERVICES 150 N. DIXIE DRIVE UNION, OH 45377			30,000.	0.			CONSTRUCTION COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF TIPP CITY, OHIO 260 S. GARBER TIPP CITY, OH 45371	31-0792424	501(C)(3)	2,542.	0.			CITY PARK PATHWAY ADDITION
CITY OF TIPP CITY, OHIO 260 S. GARBER TIPP CITY, OH 45371	31-0792424	501(C)(3)	2,500.	0.			KYLE PARK
CITY OF TIPP CITY, OHIO 260 S. GARBER TIPP CITY, OH 45371	31-0792424	501(C)(3)	1,100.	0.			ROGER PRESLEY TRAIL
CITY OF TIPP CITY, OHIO 260 S. GARBER TIPP CITY, OH 45371	31-0792424	501(C)(3)	3,096.	0.			PURCHASE OF TREES
CITY OF TROY 100 S. MARKET STREET TROY, OH 45373	31-6000549	501(C)(3)	8,235.	0.			DOWNTOWN OUTDOOR SOUND SYSTEM
CITY OF TROY 100 S. MARKET STREET TROY, OH 45373	31-6000549	501(C)(3)	12,000.	0.			JULY 4TH FIREWORKS
CITY OF TROY 100 S. MARKET STREET TROY, OH 45373	31-6000549	501(C)(3)	2,009.	0.			SUPPORT FOR MAINTENANCE OF VETERANS MEMORIAL PARK
CLEAR CREEK FARM 1900 SOUTH KUTHER ROAD SIDNEY, OH 45365	31-0982443	501(C)(3)	42,812.	0.			GENERAL SUPPORT
DARKE COUNTY JUNIOR FAIR 800 SWEITZER ST. GREENVILLE, OH 45331	34-4215590	501(C)(3)	8,031.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 45405	31-0537480	501(C)(3)	25,000.	0.			ART OF BLUMENSCHNEIDER EXHIBITION
DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 45405	31-0537480	501(C)(3)	200.	0.			GENERAL SUPPORT
DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 45405	31-0537480	501(C)(3)	100.	0.			IN MEMORY OF JOHANNA ROEDIGER
DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 45405	31-0537480	501(C)(3)	15,000.	0.			LUKENS APPRENTICE ART PREPARATOR
DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	102,000.	0.			REACHING NEW HEIGHTS CAMPAIGN
DAYTON DOOR SALES PO BOX 134 DAYTON, OH 45404			18,400.	0.			ADMINISTRATIVE EXPENSE
DAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK DAYTON, OH 45469	26-0463618	501(C)(3)	29,356.	0.			GENERAL SUPPORT
DAYTON PERFORMING ARTS ALLIANCE 126 NORTH MAIN STREET DAYTON, OH 45402	31-6000101	501(C)(3)	250.	0.			BALLET & PHILHARMONIC IMO WILLIAM HOBART
DAYTON PERFORMING ARTS ALLIANCE 126 NORTH MAIN STREET DAYTON, OH 45402	31-6000101	501(C)(3)	1,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DAYTON PERFORMING ARTS ALLIANCE 126 NORTH MAIN STREET DAYTON, OH 45402	31-6000101	501(C)(3)	26,848.	0.			MUSIC DISCOVERIES FOR TROY SCHOOLS
DOCTORS WITHOUT BORDERS USA P.O. BOX 5022 HAGERSTOWN, MD 21741-5022	13-3433452	501(C)(3)	10,000.	0.			EMERGENCY RESPONSE TO CYCLONE IDAI IN MOZAMBIQUE
DOCTORS WITHOUT BORDERS USA P.O. BOX 5022 HAGERSTOWN, MD 21741-5022	13-3433452	501(C)(3)	800.	0.			GENERAL SUPPORT
DOROTHY LOVE RETIREMENT COMMUNITY 3003 WEST CISCO ROAD SIDNEY, OH 45365	34-4429863	501(C)(3)	9,586.	0.			SUPPORT FOR DOROTHY LOVE LIFECARE FUND
DOROTHY LOVE RETIREMENT COMMUNITY 3003 WEST CISCO ROAD SIDNEY, OH 45365	34-4429863	501(C)(3)	4,060.	0.			SUPPORT FOR LIFECARE FUND AND RETIREMENT CENTER
DREAM BUILDERS GROUP INC./THE CLUBHOUSE - 6759 S. COUNTY ROAD 25A - TIPP CITY, OH 45371	31-1405053	501(C)(3)	1,000.	0.			CLUBHOUSE SUMMER PROGRAMMING
DREAM BUILDERS GROUP INC./THE CLUBHOUSE - 6759 S. COUNTY ROAD 25A - TIPP CITY, OH 45371	31-1405053	501(C)(3)	7,830.	0.			CLUBHOUSE YEAR TEEN INTERNSHIP
DREAM BUILDERS GROUP INC./THE CLUBHOUSE - 6759 S. COUNTY ROAD 25A - TIPP CITY, OH 45371	31-1405053	501(C)(3)	570.	0.			GROWING A GREATER TOMORROW PROGRAM
DREAM BUILDERS GROUP INC./THE CLUBHOUSE - 6759 S. COUNTY ROAD 25A - TIPP CITY, OH 45371	31-1405053	501(C)(3)	3,000.	0.			TRIATHLON

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
F. J. STALLO PUBLIC LIBRARY 196 E. 4TH STREET MINSTER, OH 45865	34-1788090	501(C)(3)	8,000.	0.			GENERAL SUPPORT
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC./FRANKLIN HOUSE - 16 E. FRANKLIN STREET - TROY, OH 45373	31-0966177	501(C)(3)	500.	0.			2019 COMMUNITY SERVICE AWARD IHO DAVE PINKERTON
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC./FRANKLIN HOUSE - 16 E. FRANKLIN STREET - TROY, OH 45373	31-0966177	501(C)(3)	5,000.	0.			CAPITAL RELOCATION PROJECT
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC./FRANKLIN HOUSE - 16 E. FRANKLIN STREET - TROY, OH 45373	31-0966177	501(C)(3)	28,182.	0.			EXPANSION PROJECT
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC./FRANKLIN HOUSE - 16 E. FRANKLIN STREET - TROY, OH 45373	31-0966177	501(C)(3)	5,607.	0.			GENERAL SUPPORT
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC./FRANKLIN HOUSE - 16 E. FRANKLIN STREET - TROY, OH 45373	31-0966177	501(C)(3)	6,975.	0.			GROWING A GREATER TOMORROW PROGRAM
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC./FRANKLIN HOUSE - 16 E. FRANKLIN STREET - TROY, OH 45373	31-0966177	501(C)(3)	35,000.	0.			SUPPORT FOR RENOVATION OF NEW BUILDING AND CONSTRUCTION
FAMILY LIFE CENTER OF AUGLAIZE COUNTY - 104 W. SPRING ST. - ST. MARY'S, OH 45885	20-8682268	501(C)(3)	31,253.	0.			CHRISTMAS IN JULY
FAMILY LIFE CENTER OF AUGLAIZE COUNTY - 104 W. SPRING ST. - ST. MARY'S, OH 45885	20-8682268	501(C)(3)	1,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
FAMILY LIFE CENTER OF AUGLAIZE COUNTY - 104 W. SPRING ST. - ST. MARY'S, OH 45885	20-8682268	501(C)(3)	30,000.	0.			IHO BEATING HEARTS OF THE UNBORN
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVE. TROY, OH 45373	31-0543279	501(C)(3)	20,250.	0.			FOOD, PERSONAL HYGIENE ITEMS AND PROMOTIONAL BROCHURE
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVE. TROY, OH 45373	31-0543279	501(C)(3)	8,450.	0.			GENERAL SUPPORT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVE. TROY, OH 45373	31-0543279	501(C)(3)	13,380.	0.			GROWING A GREATER TOMORROW PROGRAM
FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	25,844.	0.			GENERAL SUPPORT
FIRST UNITED CHURCH OF CHRIST 120 SOUTH MARKET STREET TROY, OH 45373	13-1957221	501(C)(3)	9,250.	0.			BACKPACK FOOD PROGRAM
FIRST UNITED CHURCH OF CHRIST 120 SOUTH MARKET STREET TROY, OH 45373	13-1957221	501(C)(3)	75.	0.			BACKPACK PROGRAM IMO JIM MILEY
FIRST UNITED CHURCH OF CHRIST 120 SOUTH MARKET STREET TROY, OH 45373	13-1957221	501(C)(3)	10,165.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	1,550.	0.			\$1,500.00 GENERAL FUND; \$50.00 EASTER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	5,000.	0.			2018 WEST OHIO APPORTIONMENT PAYMENT
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	10,000.	0.			CAPITAL FUND - INVESTING IN THE FUTURE
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	4,100.	0.			GENERAL FUND AND INVESTING IN THE FUTURE
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	31,020.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	250.	0.			SUPPORT FOR CHOIR
FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	500.	0.			2019 COMMUNITY SERVICE AWARD IHO DAVE PINKERTON
FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	2,000.	0.			FUEL FOR FISH
FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	17,100.	0.			GENERAL SUPPORT
FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	4,500.	0.			GROWING A GREATER TOMORROW PROGRAM

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	500.	0.			KEEP THE WATER TURNED ON, NOT OFF
FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	5,000.	0.			RENT ASSISTANCE
FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	20,000.	0.			TRANSFER TO MAINTAIN MINIMUM BALANCE IN CHECKING ACCOUNT
FREE THE MIND/ANCHOR THE SOUL INC. 264 LOWRY DR. WEST MILTON, OH 45383	81-5311994	501(C)(3)	10,000.	0.			MENTAL HEALTH FIRST AID CLASSES IN MIAMI COUNTY
FRIENDS OF HAYNER, INC. 301 WEST MAIN STREET TROY, OH 45373	31-1081395	501(C)(3)	26,732.	0.			GENERAL SUPPORT
FRIENDS OF HAYNER, INC. 301 WEST MAIN STREET TROY, OH 45373	31-1081395	501(C)(3)	10,210.	0.			GROWING A GREATER TOMORROW PROGRAM
GINGHAMSBURG CHURCH 6759 SOUTH COUNTY ROAD 25A TIPP CITY, OH 45371	31-0808339	501(C)(3)	20,500.	0.			GENERAL SUPPORT
GOD'S TREASURES P.O. BOX 578 WORTH, IL 60482	45-2470867	501(C)(3)	5,000.	0.			GENERAL SUPPORT
GOODWILL EASTER SEALS OF MIAMI VALLEY - 660 SOUTH MAIN STREET - DAYTON, OH 45402	31-0537112	501(C)(3)	5,900.	0.			CHILD SCREENING SERVICES

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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GOODWILL EASTER SEALS OF MIAMI VALLEY - 660 SOUTH MAIN STREET - DAYTON, OH 45402	31-0537112	501(C)(3)	3,118.	0.			UCREATE PANEL FOR ADULT DAY SERVICE PROGRAM
HEALTH ALLIANCE INTERNATIONAL 1107 NE 45TH STREET, SUITE 350 SEATTLE, WA 98105	94-3047981	501(C)(3)	10,000.	0.			EMERGENCY RESPONSE FUND TO CYCLONE IDAI IN MOZAMBIQUE
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	37,855.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	14,155.	0.			GROWING A GREATER TOMORROW PROGRAM
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	500.	0.			HEALING JAR GALA
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	30,000.	0.			PROGRAM EXPENSES
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	500.	0.			SERENITY GARDEN/POLLINATOR
HEMM GLASS SHOPS, INC. 514 S. MAIN ST. PIQUA, OH 45356			8,000.	0.			ADMINISTRATIVE EXPENSE
HONOR FLIGHT DAYTON, INC. 200 CANARY CT. ENON, OH 45323	27-2186914	501(C)(3)	200.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HONOR FLIGHT DAYTON, INC. 200 CANARY CT. ENON, OH 45323	27-2186914	501(C)(3)	20,000.	0.			HONOR FLIGHT TROY, CONCORD TOWNSHIP AND MIAMI COUNTY
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	1,000.	0.			CAMP COURAGEOUS
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	50,000.	0.			FREESTANDING HOSPICE HOUSE - GREAT ROOM -STEVEN'S ROOM
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	54,850.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	9,075.	0.			GROWING A GREATER TOMORROW PROGRAM
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	8,031.	0.			SUPPORT FOR RESIDENTS OF MIAMI COUNTY
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	20,000.	0.			SUPPORT FOR THE NEW FREESTANDING BUILDING
ISALIAH'S PLACE, INC. PO BOX 220 TROY, OH 45373	01-0779327	501(C)(3)	1,520.	0.			CLOTHING CLOSET AND LIBRARY SUPPLIES
ISALIAH'S PLACE, INC. PO BOX 220 TROY, OH 45373	01-0779327	501(C)(3)	2,770.	0.			FINDING HOPE THROUGH HOMES

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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ISAIAH'S PLACE, INC. PO BOX 220 TROY, OH 45373	01-0779327	501(C)(3)	9,600.	0.			GROWING A GREATER TOMORROW PROGRAM
JOHNSTON FARM FRIENDS COUNCIL 9845 N. HARDIN RD. PIQUA, OH 45356	27-0191878	501(C)(3)	10,000.	0.			RENOVATION OF JOHNSTON HOME
JOSHUA RECOVERY MINISTRIES, INC. 3902 PEPPER TREE COURT DAYTON, OH 45424	26-1584204	501(C)(3)	20,000.	0.			TROY RECOVERY HOUSE SUPPORT
JUNIOR ACHIEVEMENT OF OKI PARTNERS, INC. - 120 W. SECOND STREET, SUITE 316 - DAYTON, OH 45402	32-0014307	501(C)(3)	7,200.	0.			GLOBAL MARKETPLACE AT VAN CLEVE ELEMENTARY
KIWANIS CLUB OF PIQUA K02086 PO BOX 738 PIQUA, OH 45356	31-6039494	501(C)(4)	12,780.	0.			GENERAL SUPPORT FOR PROJECTS IN PIQUA, OHIO
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	12,750.	0.			ABUNDANT LIFE RETREAT FOR FRESHMAN & SOPHOMORES
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	25,500.	0.			ANNUAL FUND
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	3,000.	0.			CHEERLEADING PROGRAM
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	981.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	1,000.	0.			GENERAL SUPPORT IMO CLIFF HOYING
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	10,000.	0.			SCHOLARSHIP
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	6,400.	0.			NEW MASCOT COSTUME
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	31,782.	0.			AFTER SCHOOL ENRICHMENT PROGRAM
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	2,500.	0.			COMMUNITY GARDEN AND CLASSES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	5,000.	0.			EXPANSION PROJECT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	544,580.	0.			LINCOLN COMMUNITY CENTER LEGACY CAMPAIGN
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,525.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	75,972.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	11,270.	0.			GROWING A GREATER TOMORROW PROGRAM
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	25,000.	0.			SECOND TIER DEVELOPMENT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	500.	0.			SUMMER YOUTH FIELD TRIPS
LINWORTH BAPTIST CHURCH 6200 LINWORTH ROAD WORTHINGTON, OH 43085		501(C)(3)	5,000.	0.			GENERAL FUND
LINWORTH BAPTIST CHURCH 6200 LINWORTH ROAD WORTHINGTON, OH 43085		501(C)(3)	5,000.	0.			PARKING LOT FUND
MAJOR SCULPTURE 3865 W. US HIGHWAY 36 URBANA, OH 43078			60,000.	0.			MAYOR PETER E. JENKINS MEMORIAL SCULPTURE
MERCER GROUP, INC. P.O. BOX 771 TROY, OH 45373			114,975.	0.			TROY STADIUM FIELD RENOVATION
MIAMI COUNTY AGRICULTURAL SOCIETY 650 N. COUNTY RD. 25A TROY, OH 45373	31-0512071	501(C)(3)	14,000.	0.			2019 MIAMI COUNTY FAIR FOR THE DINOSAURXPERIENCE EXHIBIT
MIAMI COUNTY AGRICULTURAL SOCIETY 650 N. COUNTY RD. 25A TROY, OH 45373	31-0512071	501(C)(3)	500.	0.			LEADERSHIP FUND

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MIAMI COUNTY ANIMAL SHELTER 1110 N. CO. RD. 25A TROY, OH 45373	31-0535168	501(C)(3)	750.	0.			GROWING A GREATER TOMORROW PROGRAM
MIAMI COUNTY ANIMAL SHELTER 1110 N. CO. RD. 25A TROY, OH 45373	31-0535168	501(C)(3)	33,000.	0.			SHADE STRUCTURE
MIAMI COUNTY CONTINUUM OF CARE 7695 S. COUNTY ROAD 25A TIPP CITY, OH 45371	27-2135208	501(C)(3)	300.	0.			GROWING A GREATER TOMORROW PROGRAM
MIAMI COUNTY CONTINUUM OF CARE 7695 S. COUNTY ROAD 25A TIPP CITY, OH 45371	27-2135208	501(C)(3)	25,000.	0.			SERVICE EXPANSION 2019
MIAMI COUNTY CONTINUUM OF CARE 7695 S. COUNTY ROAD 25A TIPP CITY, OH 45371	27-2135208	501(C)(3)	27,000.	0.			TRANSPORTATION PARTNERING WITH BUSINESS & INDUSTRY
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	574.	0.			AMALGAMATOR EQUIPMENT PURCHASE
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	55,356.	0.			GENERAL SUPPORT
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	8,250.	0.			GROWING A GREATER TOMORROW PROGRAM
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	34,220.	0.			THE OHIO STATE COLLEGE OF DENTISTRY STUDENT INTERNSHIP PARTNERSHIP

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	5,000.	0.			TRAVELING SMILES
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	1,500.	0.			WEBSITE UPGRADE
MIAMI COUNTY EDUCATIONAL SERVICE CENTER - 2000 W. STANFIELD RD. - TROY, OH 45373	31-1287571	501(C)(3)	1,000.	0.			CLASSROOM TRAINING
MIAMI COUNTY EDUCATIONAL SERVICE CENTER - 2000 W. STANFIELD RD. - TROY, OH 45373	31-1287571	501(C)(3)	1,344.	0.			COOPERATIVE LEARNING CENTER LAMINATOR
MIAMI COUNTY EDUCATIONAL SERVICE CENTER - 2000 W. STANFIELD RD. - TROY, OH 45373	31-1287571	501(C)(3)	1,300.	0.			EXCELLENCE IN EDUCATION BANQUET
MIAMI COUNTY EDUCATIONAL SERVICE CENTER - 2000 W. STANFIELD RD. - TROY, OH 45373	31-1287571	501(C)(3)	400.	0.			HANDS ON HARVEST FIELD TRIP & FAMILY ACTIVITY NIGHT AT MIAMI COUNTY PRESCHOOL (BROADWAY)
MIAMI COUNTY EDUCATIONAL SERVICE CENTER - 2000 W. STANFIELD RD. - TROY, OH 45373	31-1287571	501(C)(3)	2,000.	0.			PLAYGROUND FOR MCESC IN BETHEL LOCAL SCHOOL DISTRICT
MIAMI COUNTY EDUCATIONAL SERVICE CENTER - 2000 W. STANFIELD RD. - TROY, OH 45373	31-1287571	501(C)(3)	1,000.	0.			SENSORY STORIES
MIAMI COUNTY JUNIOR FAIR 650 N. COUNTY RD. 25A TROY, OH 45373	31-0512071	501(C)(3)	8,031.	0.			GENERAL SUPPORT

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MIAMI COUNTY PARK DISTRICT 2645 E ST. RT. 41 TROY, OH 45373	31-6000055	501(C)(3)	8,000.	0.			GENERAL SUPPORT
MIAMI COUNTY PARK DISTRICT 2645 E ST. RT. 41 TROY, OH 45373	31-6000055	501(C)(3)	75,000.	0.			HOLIDAY LIGHTS AT LOST CREEK RESERVE
MIAMI COUNTY PARK DISTRICT 2645 E ST. RT. 41 TROY, OH 45373	31-6000055	501(C)(3)	10,000.	0.			SCIENCE ALIVE! HUG THE EARTH WITH THE BANANA SLUG STRING BAND
MIAMI COUNTY PRO-LIFE EDUCATIONAL FOUNDATION - PO BOX 583 - TROY, OH 45373-0583	31-1713240	501(C)(3)	3,000.	0.			CAR SEAS, CRIBS AND MATTRESSES, FORMULA
MIAMI COUNTY PRO-LIFE EDUCATIONAL FOUNDATION - PO BOX 583 - TROY, OH 45373-0583	31-1713240	501(C)(3)	3,575.	0.			GROWING A GREATER TOMORROW PROGRAM
MIAMI COUNTY RECOVERY COUNCIL 1059 NORTH MARKET STREET TROY, OH 45373	31-0917327	501(C)(3)	200.	0.			GROWING A GREATER TOMORROW PROGRAM
MIAMI COUNTY RECOVERY COUNCIL 1059 NORTH MARKET STREET TROY, OH 45373	31-0917327	501(C)(3)	3,000.	0.			HOPE HOUSE SUPPORT
MIAMI COUNTY RECOVERY COUNCIL 1059 NORTH MARKET STREET TROY, OH 45373	31-0917327	501(C)(3)	10,000.	0.			OPIATE EPIDEMIC SUPPORT
MIAMI COUNTY VISITORS BUREAU 405 PUBLIC SQUARE SW TROY, OH 45373	31-1315269	501(C)(6)	10,000.	0.			DONUT JAM ON THE SQUARE

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MIAMI COUNTY YMCA 223 WEST HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	1,500.	0.			ANNUAL FINANCIAL ASSISTANCE PROGRAM
MIAMI COUNTY YMCA 223 WEST HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	1,500.	0.			GENERAL SUPPORT
MIAMI COUNTY YMCA 223 WEST HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	2,142.	0.			SUPPORT FOR GROUNDS MAINTENANCE
MIAMI COUNTY YMCA 223 WEST HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	4,352.	0.			SUPPORT FOR MEMBERSHIP FUND
MIAMI COUNTY YMCA ROBINSON BRANCH 3060 S. COUNTY ROAD 25A TROY, OH 45373	31-0537179	501(C)(3)	10,400.	0.			GROWING A GREATER TOMORROW PROGRAM
MIAMI EAST ATHLETIC DEPARTMENT 3925 N STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	260.	0.			ADMINISTRATIVE EXPENSE - CAR SHOW FLYERS (500)
MIAMI EAST ATHLETIC DEPARTMENT 3925 N STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	806.	0.			ADMINISTRATIVE EXPENSE - JH CHEERLEADERS
MIAMI EAST ATHLETIC DEPARTMENT 3925 N STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	389.	0.			BOYS GOLF POLO SHIRTS
MIAMI EAST ATHLETIC DEPARTMENT 3925 N STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	4,183.	0.			GIRLS SOFTBALL JERSEYS & NET FOR BATTING CAGES

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MIAMI EAST ATHLETIC DEPARTMENT 3925 N STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	2,800.	0.			JR. HIGH BOYS & GIRLS TRACK & GIRLS SOCCER
MIAMI EAST ATHLETIC DEPARTMENT 3925 N STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	9,115.	0.			VOLLEYBALL, TRACK & CHEERLEADING
MIAMI EAST LOCAL SCHOOL BOARD OF EDUCATION - 3825 N. STATE ROUTE 589 - CASSTOWN, OH 45312	31-6007688	501(C)(3)	120.	0.			"MATH COUNTS" PROGRAM AT MIAMI EAST JUNIOR HIGH
MIAMI EAST LOCAL SCHOOL BOARD OF EDUCATION - 3825 N. STATE ROUTE 589 - CASSTOWN, OH 45312	31-6007688	501(C)(3)	1,076.	0.			4TH GRADE ENRICHMENT USING LEGOS TO IGNITE LIFELONG LEARNING
MIAMI EAST LOCAL SCHOOL BOARD OF EDUCATION - 3825 N. STATE ROUTE 589 - CASSTOWN, OH 45312	31-6007688	501(C)(3)	1,000.	0.			AFTER PROM
MIAMI EAST LOCAL SCHOOL BOARD OF EDUCATION - 3825 N. STATE ROUTE 589 - CASSTOWN, OH 45312	31-6007688	501(C)(3)	250.	0.			ANATOMY AND PHYSIOLOGY FIELD TRIP FOR MEHS
MIAMI EAST LOCAL SCHOOL BOARD OF EDUCATION - 3825 N. STATE ROUTE 589 - CASSTOWN, OH 45312	31-6007688	501(C)(3)	1,368.	0.			ARRIVE ALIVE TOUR FOR THE HIGH SCHOOL
MIAMI EAST LOCAL SCHOOL BOARD OF EDUCATION - 3825 N. STATE ROUTE 589 - CASSTOWN, OH 45312	31-6007688	501(C)(3)	3,945.	0.			ASSIST STUDENTS WITH EXPERIENCES TO ENHANCE READING
MIAMI EAST LOCAL SCHOOL BOARD OF EDUCATION - 3825 N. STATE ROUTE 589 - CASSTOWN, OH 45312	31-6007688	501(C)(3)	87.	0.			BEEF FABRICATION PRACTICE DVD FOR MEJH & MEHS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MIAMI EAST LOCAL SCHOOL BOARD OF EDUCATION - 3825 N. STATE ROUTE 589 - CASSTOWN, OH 45312	31-6007688	501(C)(3)	1,200.	0.			FOURTH GRADE SCIENCE ENRICHMENT AT MEES
MIAMI EAST LOCAL SCHOOL BOARD OF EDUCATION - 3825 N. STATE ROUTE 589 - CASSTOWN, OH 45312	31-6007688	501(C)(3)	897.	0.			FUNCTIONAL FUN CLUB AT MEJH
MIAMI EAST LOCAL SCHOOL BOARD OF EDUCATION - 3825 N. STATE ROUTE 589 - CASSTOWN, OH 45312	31-6007688	501(C)(3)	180.	0.			HUMAN ANATOMY & PHYSIOLOGY INTERACTIVE LAB EXP
MIAMI EAST LOCAL SCHOOL BOARD OF EDUCATION - 3825 N. STATE ROUTE 589 - CASSTOWN, OH 45312	31-6007688	501(C)(3)	440.	0.			INTERACTIVE LEARNING WITH WHITEBOARDS AT MEES
MIAMI EAST LOCAL SCHOOL BOARD OF EDUCATION - 3825 N. STATE ROUTE 589 - CASSTOWN, OH 45312	31-6007688	501(C)(3)	500.	0.			MOTIVATIONAL/INSPIRATIONAL SPEAKER - GUAN PAUL GONZALEZ FOR MEHS
MIAMI EAST LOCAL SCHOOL BOARD OF EDUCATION - 3825 N. STATE ROUTE 589 - CASSTOWN, OH 45312	31-6007688	501(C)(3)	632.	0.			POST-SECONDARY PIANO AT MEHS
MIAMI EAST LOCAL SCHOOL BOARD OF EDUCATION - 3825 N. STATE ROUTE 589 - CASSTOWN, OH 45312	31-6007688	501(C)(3)	500.	0.			RESPONSE TO INTERVENTION BOOK ROOM AT MEES
MIAMI EAST LOCAL SCHOOL BOARD OF EDUCATION - 3825 N. STATE ROUTE 589 - CASSTOWN, OH 45312	31-6007688	501(C)(3)	357.	0.			SIGHT-READING MATERIALS FOR MEHS
MIAMI EAST LOCAL SCHOOL BOARD OF EDUCATION - 3825 N. STATE ROUTE 589 - CASSTOWN, OH 45312	31-6007688	501(C)(3)	200.	0.			SOCIAL GROUP CURRICULUM AND MATERIALS AT MEES

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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MIAMI EAST LOCAL SCHOOL BOARD OF EDUCATION - 3825 N. STATE ROUTE 589 - CASSTOWN, OH 45312	31-6007688	501(C)(3)	1,850.	0.			THE VIKING WAY AT MEES
MIAMI VALLEY VETERANS MUSEUM PO BOX 154 TROY, OH 45373	27-2517593	501(C)(3)	8,360.	0.			GROWING A GREATER TOMORROW PROGRAM
MIAMI VALLEY VETERANS MUSEUM PO BOX 154 TROY, OH 45373	27-2517593	501(C)(3)	130,647.	0.			VETERANS MUSEUM OPERATION UNDERCOVER
MILCON COMMERCIAL CONCRETE CONTRACTORS - 1360 S. COUNTY RD. 25A - TROY, OH 45373			11,186.	0.			ADMINISTRATIVE EXPENSE
NATIONAL INVENTORS HALL OF FAME 3701 HIGHLAND PARK ST. NW N. CANTON, OH 44720	34-1580038	501(C)(3)	5,000.	0.			CAMP INVENTION
NEEDY BASKETS 330 SOUTH FIFTH STREET TIPP CITY, OH 45371	31-1190924	501(C)(3)	3,900.	0.			GENERAL SUPPORT
NEEDY BASKETS 330 SOUTH FIFTH STREET TIPP CITY, OH 45371	31-1190924	501(C)(3)	2,000.	0.			HOLIDAY PROGRAM
NEW PATH, INC. 7695 SOUTH COUNTY ROAD 25A TIPP CITY, OH 45371	31-1710997	501(C)(3)	4,200.	0.			GROWING A GREATER TOMORROW PROGRAM
NEW PATH, INC. 7695 SOUTH COUNTY ROAD 25A TIPP CITY, OH 45371	31-1710997	501(C)(3)	2,400.	0.			INCONTINENCE SUPPLIES FOR GIVE MEDICAL MINISTRY

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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NEW PATH, INC. 7695 SOUTH COUNTY ROAD 25A TIPP CITY, OH 45371	31-1710997	501(C)(3)	2,400.	0.			REPLACEMENT OF COMMERCIAL FREEZER
NEW PATH, INC. 7695 SOUTH COUNTY ROAD 25A TIPP CITY, OH 45371	31-1710997	501(C)(3)	500.	0.			SUPPORT FOR THE GIVE 2020 HEALTH FAIR
OHIO COUNCIL OF DELIBERATION SCHOLARSHIP FUND - DEPUTY OF THE ORIENT OF OHIO - CINCINNATI, OH 45213	32-0247237	501(C)(8)	29,705.	0.			PERLEMA AND GRACE SEWELL SCHOLARSHIP
OREGON PRINTING 29 NORTH JUNE STREET DAYTON, OH 45403			11,719.	0.			2018 TIPP CITY ANNUAL REPORT PRINTING AND MAILING
OREGON PRINTING 29 NORTH JUNE STREET DAYTON, OH 45403			1,296.	0.			BETHEL END OF YEAR MAILING
OREGON PRINTING 29 NORTH JUNE STREET DAYTON, OH 45403			2,494.	0.			TIPP CITY RESIDENT END OF YEAR LETTER
OVERFIELD TAVERN MUSEUM 201 EAST WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	4,500.	0.			ARCHITECTURAL ASSESSMENT
OVERFIELD TAVERN MUSEUM 201 EAST WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	16,700.	0.			GENERAL SUPPORT
OVERFIELD TAVERN MUSEUM 201 EAST WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	1,280.	0.			GROWING A GREATER TOMORROW PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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OVERFIELD TAVERN MUSEUM 201 EAST WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	14,600.	0.			ROOF REPAIRS
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373	31-1305869	501(C)(3)	519.	0.			2018 CHRISTMAS SHOES PROGRAM
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373	31-1305869	501(C)(3)	50,767.	0.			A PLACE FOR HOPE FINAL PROJECT
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373	31-1305869	501(C)(3)	750.	0.			CHRISTMAS SHOES
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373	31-1305869	501(C)(3)	500.	0.			ELDERLY CHRISTMAS GIFT DELIVERY PROGRAM
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373	31-1305869	501(C)(3)	14,856.	0.			GENERAL SUPPORT
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373	31-1305869	501(C)(3)	8,170.	0.			GROWING A GREATER TOMORROW PROGRAM
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373	31-1305869	501(C)(3)	553.	0.			SOCIAL SERVICES
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373	31-1305869	501(C)(3)	20,286.	0.			SUMMER LUNCHESES 2019

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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PENCHURA, L.L.C. 889 S. OLD US 23 BRIGHTON, MI 48114		501(C)(3)	8,822.	0.			ADMINISTRATIVE EXPENSE
PINK RIBBON GIRLS OF DAYTON P. O. BOX 224, 15 S SECOND STREET TIPP CITY, OH 45371	32-0020270	501(C)(3)	15,000.	0.			EXPANDED SERVICES IN TROY
PINK RIBBON GIRLS OF DAYTON P. O. BOX 224, 15 S SECOND STREET TIPP CITY, OH 45371	32-0020270	501(C)(3)	255,000.	0.			GENERAL SUPPORT
PINK RIBBON GIRLS OF DAYTON P. O. BOX 224, 15 S SECOND STREET TIPP CITY, OH 45371	32-0020270	501(C)(3)	10,000.	0.			IGNITE THE FIGHT TABLE
PIQUA CATHOLIC SCHOOL 503 W. NORTH ST. PIQUA, OH 45356	31-1206792	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PIQUA CATHOLIC SCHOOL 503 W. NORTH ST. PIQUA, OH 45356	31-1206792	501(C)(3)	100.	0.			GENERAL SUPPORT IMO HANNAH ROSE O'LEARY
PIQUA CATHOLIC SCHOOL 503 W. NORTH ST. PIQUA, OH 45356	31-1206792	501(C)(3)	1,000.	0.			HANNAH O'LEARY PRESCHOOL LIBRARY PROJECT
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - P.O. BOX 97166 - WASHINGTON, DC 20077-7543	13-1644147	501(C)(3)	5,000.	0.			GENERAL SUPPORT
READING FOR CHANGE 105 S. MARKET ST. TROY, OH 45373	47-4043315	501(C)(3)	170.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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READING FOR CHANGE 105 S. MARKET ST. TROY, OH 45373	47-4043315	501(C)(3)	2,700.	0.			GROWING A GREATER TOMORROW PROGRAM
READING FOR CHANGE 105 S. MARKET ST. TROY, OH 45373	47-4043315	501(C)(3)	2,478.	0.			NEW LAPTOP AND BROCHURES
REHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOO - 1306 GARBRY ROAD - PIQUA, OH 45356	23-7202001	501(C)(3)	12,780.	0.			GENERAL SUPPORT FOR PROJECTS IN PIQUA, OHIO
REHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOO - 1306 GARBRY ROAD - PIQUA, OH 45356	23-7202001	501(C)(3)	200.	0.			GROWING A GREATER TOMORROW PROGRAM
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	3,600.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	1,000.	0.			GROWING A GREATER TOMORROW - LUNCH PROGRAM
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	7,500.	0.			LUNCH PROGRAM
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	89,115.	0.			REPAIR, MAINT & GENERAL UPKEEP OF CHURCH/PARSONAGE
RONALD MCDONALD HOUSE CHARITIES 555 VALLEY STREET DAYTON, OH 45404	31-0964793	501(C)(3)	1,000.	0.			GENERAL SUPPORT

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RONALD MCDONALD HOUSE CHARITIES 555 VALLEY STREET DAYTON, OH 45404	31-0964793	501(C)(3)	6,000.	0.			KEEPING FAMILIES CLOSE PROGRAM
ROSS CONSTRUCTION & PROPERTIES, LLC - 8863 STATE ROUTE 185 - BRADFORD, OH 45308			985.	0.			BENCH PAD INSTALLATION
ROSS CONSTRUCTION & PROPERTIES, LLC - 8863 STATE ROUTE 185 - BRADFORD, OH 45308			3,270.	0.			BOARDWALK MEMORIAL BENCH PAD AT CHARLESTON FALLS
ROSS CONSTRUCTION & PROPERTIES, LLC - 8863 STATE ROUTE 185 - BRADFORD, OH 45308			925.	0.			INSTALLATION OF MALARKEY BENCH PAD AT HOBART
ROSS CONSTRUCTION & PROPERTIES, LLC - 8863 STATE ROUTE 185 - BRADFORD, OH 45308			4,340.	0.			ADMINISTRATIVE EXPENSE
RT INDUSTRIES 110 FOSS WAY TROY, OH 45373	31-0855035	501(C)(3)	1,000.	0.			GENERAL SUPPORT
RT INDUSTRIES 110 FOSS WAY TROY, OH 45373	31-0855035	501(C)(3)	900.	0.			GROWING A GREATER TOMORROW PROGRAM
RT INDUSTRIES 110 FOSS WAY TROY, OH 45373	31-0855035	501(C)(3)	10,000.	0.			TRANSPORTATION PROPOSAL AND SAFETY
SALVATION ARMY PO BOX 615 PIQUA, OH 45356	58-0660607	501(C)(3)	500.	0.			ANNUAL YEAR-END GIFT

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SALVATION ARMY PO BOX 615 PIQUA, OH 45356	58-0660607	501(C)(3)	500.	0.			GENERAL SUPPORT
SALVATION ARMY PO BOX 615 PIQUA, OH 45356	58-0660607	501(C)(3)	8,031.	0.			SUPPORT FOR RESIDENTS OF MIAMI COUNTY
SIDNEY ELECTRIC CO. 840 SOUTH VANDEMARK ROAD SIDNEY, OH 45365-8139			82,000.	0.			ADMINISTRATIVE EXPENSE
ST. BONIFACE CHURCH 310 S. DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	8,300.	0.			GENERAL SUPPORT
ST. BONIFACE CHURCH 310 S. DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	100.	0.			TUITION ASSISTANCE FUND IMO FR. ANGELO CASERTA
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	31-6041661	501(C)(3)	20,335.	0.			GENERAL SUPPORT
ST. JOSEPH'S HOUSE 25 N. MULBERRY ST. TROY, OH 45373	51-0533984	501(C)(3)	6,000.	0.			EVENING SHELTER FOR HOMELESS
ST. JOSEPH'S HOUSE 25 N. MULBERRY ST. TROY, OH 45373	51-0533984	501(C)(3)	150.	0.			GROWING A GREATER TOMORROW PROGRAM
ST. PATRICK CATHOLIC CHURCH 409 EAST MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	32,209.	0.			GENERAL SUPPORT

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ST. PATRICK CATHOLIC CHURCH 409 EAST MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	100.	0.			GENERAL SUPPORT IMO RON FREDERICKSON
ST. PATRICK CATHOLIC CHURCH 409 EAST MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	100.	0.			GROWING A GREATER TOMORROW - BEREAVEMENT PROGRAM
ST. PATRICK CATHOLIC CHURCH 409 EAST MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	100.	0.			GROWING A GREATER TOMORROW - BIBLES FOR CHILDREN
ST. PATRICK CATHOLIC CHURCH 409 EAST MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	900.	0.			LITTLE FLOWERS AND BLUE KNIGHTS
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	750.	0.			ALL HAND ON SCIENCE PROJECT
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	100.	0.			BIBLES FOR 5TH GRADERS
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	2,024.	0.			CAFETERIA FOOD ACCOUNT - STUDENT AND TEACHER LUNCHESES
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	6,600.	0.			CAMPUS SECURITY COMMUNICATION UPGRADE
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	500.	0.			EXHIBITS TO GO FOR PRESCHOOL

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ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	13,500.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	2,500.	0.			SCHOLARSHIPS
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	2,500.	0.			TEACHER SUPPORT ACTIVITIES
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	646.	0.			TO PROVIDE TUITION ASSISTANCE TO DESERVING STUDENTS
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	149,269.	0.			VANGUARD MODULAR BLDG. PROJECT
ST. PATRICK SOUP KITCHEN 25 N. MULBERRY STREET TROY, OH 45373	30-0391714	501(C)(3)	11,500.	0.			GENERAL SUPPORT
ST. PATRICK SOUP KITCHEN 25 N. MULBERRY STREET TROY, OH 45373	30-0391714	501(C)(3)	7,890.	0.			GROWING A GREATER TOMORROW PROGRAM
ST. PATRICK SOUP KITCHEN 25 N. MULBERRY STREET TROY, OH 45373	30-0391714	501(C)(3)	364.	0.			SOUP KITCHEN
ST. PAUL'S CHURCH OF CHRIST, SIDNEY - 707 N. OHIO AVENUE - SIDNEY, OH 45365	34-4469953	501(C)(3)	6,390.	0.			GENERAL SUPPORT

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ST. VINCENT DEPAUL SOCIETY C/O ST. PATRICK CHURCH, 409 E. MAIN TROY, OH 45373	31-1011485	501(C)(3)	2,500.	0.			GENERAL SUPPORT
ST. VINCENT DEPAUL SOCIETY C/O ST. PATRICK CHURCH, 409 E. MAIN TROY, OH 45373	31-1011485	501(C)(3)	2,220.	0.			GROWING A GREATER TOMORROW PROGRAM
ST. VINCENT DEPAUL SOCIETY C/O ST. PATRICK CHURCH, 409 E. MAIN TROY, OH 45373	31-1011485	501(C)(3)	2,000.	0.			RENT, FOOD AND UTILITIES
THE FUTURE BEGINS TODAY PO BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	18,000.	0.			GENERAL SUPPORT
THE FUTURE BEGINS TODAY PO BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	11,415.	0.			GROWING A GREATER TOMORROW PROGRAM
THE FUTURE BEGINS TODAY PO BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	10,000.	0.			MARKETING, FUNDRAISING, AND ADMIN. EXPENSES
THE FUTURE BEGINS TODAY PO BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	25,000.	0.			OPERATIONS, SCHOLARSHIPS, AND ADMINISTRATION
THE FUTURE BEGINS TODAY PO BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	20,000.	0.			SCHOLARSHIP SUPPORT
THE FUTURE BEGINS TODAY PO BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	700.	0.			WACO AVIATION INVASION (VAN CLEVE 6TH GRADE)

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THE FUTURE BEGINS TODAY PO BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	700.	0.			WACO MUSEUM EXPERIENCE (VAN CLEVE 6TH GRADE/TFBT)
THE NATURE CONSERVANCY 4245 N. FAIRFAX DR. ARLINGTON, VA 22203	53-0242652	501(C)(3)	8,000.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY, OHIO CHAPTER - 6375 RIVERSIDE DRIVE, STE 100 - DUBLIN, OH 43017	53-0242652	501(C)(3)	10,057.	0.			GENERAL SUPPORT
THE OVERFIELD EARLY CHILDHOOD PROGRAM - 172 SOUTH RIDGE AVENUE - TROY, OH 45373	31-1088546	501(C)(3)	2,000.	0.			ANNUAL GIVING
THE OVERFIELD EARLY CHILDHOOD PROGRAM - 172 SOUTH RIDGE AVENUE - TROY, OH 45373	31-1088546	501(C)(3)	38,028.	0.			GENERAL SUPPORT
THE OVERFIELD EARLY CHILDHOOD PROGRAM - 172 SOUTH RIDGE AVENUE - TROY, OH 45373	31-1088546	501(C)(3)	50.	0.			GENERAL SUPPORT IMO TERRY R. STOREY
THE SINCLAIR COMMUNITY COLLEGE FOUNDATION - 444 W. THIRD ST. - DAYTON, OH 45402	23-7032312	501(C)(3)	10,000.	0.			STUDENT SCHOLARSHIPS
THE WORKING WORLD, INC. 116 NASSAU ST., SUITE 513 NEW YORK, NY 10038	20-2264584	501(C)(3)	7,000.	0.			NYC NETWORK OF WORKER COOPERATIVES, INC.
TIPP CITY AREA ARTS COUNCIL, INC. PO BOX 74 TIPP CITY, OH 45371	47-5563399	501(C)(3)	1,000.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
TIPP CITY AREA ARTS COUNCIL, INC. PO BOX 74 TIPP CITY, OH 45371	47-5563399	501(C)(3)	300.	0.			GREAT SHOT SUDENT PHOTOGRAPHY CLASS
TIPP CITY AREA ARTS COUNCIL, INC. PO BOX 74 TIPP CITY, OH 45371	47-5563399	501(C)(3)	5,000.	0.			PERMANENT ART INSTALLATION AT CANAL LOCK PARK
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	600.	0.			2019 STATE SCIENCE DAY REGISTRATION FEES
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	540.	0.			ACADEMIC QUIZ TEAM BUZZER SYSTEM AT TMS
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	8,000.	0.			ATHLETIC DEPARTMENT - DIGITAL SCOREBOARD FOR BASEBALL FIELD
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	1,000.	0.			AUTHOR/ILLUSTRATOR VISIT AT NEVIN COPPOCK ELEMENTARY
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	600.	0.			BOONSHOFT PROGRAM-ANIMALS ALIVE-NEVIN COPPOCK (1ST GRADE)
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	800.	0.			BREAKOUT EDU SCHOOL BUNDLE AT LT BALL INTERMEDIATE
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	800.	0.			BREAKOUT ROOM CHALLENGE AT TIPP MIDDLE SCHOOL

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TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	2,000.	0.			BUILDING CODE COMPLIANCE MATERIALS
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	620.	0.			CARILLON HISTORICAL PARK: LEARNING OUTSIDE OF THE FOUR WALLS
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	998.	0.			DIGITAL PHOTOGRAPHY
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	1,592.	0.			DOCUMENT CAMERA FOR VISUAL LEARNERS IN LANGUAGE ARTS
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	500.	0.			EIGHTH GRADE LEADER T-SHIRTS
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	304.	0.			FIBER ARTS AT BROADWAY ELEMENTARY
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	1,431.	0.			FIELD TRIP TO OHIO CAVERNS - BROADWAY ELEMENTARY SCHOOL
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	312.	0.			FLEXIBLE SEATING IN LIBRARY
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	3,000.	0.			HOPE SQUAD-STUDENT LED SUICIDE PREVENTION (THS)

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TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	289.	0.			INSECTS & OWL PELLETS-2ND GRADE SCIENCE-BROADWAY ELEM
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	960.	0.			JOHNSTON FARM FIELD TRIP
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	1,514.	0.			KITCHEN FLIP OR FLOP
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	650.	0.			LEGO'S FOR LIBRARY/STEM-BROADWAY ELEMENTARY
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	920.	0.			LGBT STUDENT SUPPORT AND AWARENESS MATERIALS
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	500.	0.			MADCAP PUPPETS PROGRAM 2019-2020 AT NEVIN COPPOCK
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	1,989.	0.			MENTAL WELLBEING COLLECTION
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	2,705.	0.			PAY TO PLAY FEES FOR IN-NEED MIDDLE AND HIGH SCHOOL ATHLETES
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	300.	0.			PLAY-BASED LEARNING MATERIALS

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TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	2,000.	0.			PROJECT BASED LEARNING: HOW TO DESIGN OUTDOOR SPACE
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	1,800.	0.			SHELLEY PEARSALL AUTHOR VISIT - ALL SCHOOL READ
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	2,000.	0.			STAGECRAFTERS SUMMER THEATRE CAMP - THS THEATRE PROGRAM
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	400.	0.			THS KINDNESS WEEK PRINCIPAL'S FUND
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	1,186.	0.			TIPP CITY HIGH SCHOOL CROSS COUNTRY INVITATIONAL
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	953.	0.			TMS COURTYARD
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	2,000.	0.			VIRTUAL REALITY HEADSETS
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	1,241.	0.			VIRTUAL REALITY HEADSETS-LT BALL INTERMEDIATE SCHOOL
TIPP CITY PUBLIC LIBRARY 11 E. MAIN STREET TIPP CITY, OH 45371	31-6000554	501(C)(3)	2,000.	0.			DAYTON LITERARY PEACE PRIZE AUTHOR VISIT EVENT SUPPORT

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TIPP CITY PUBLIC LIBRARY 11 E. MAIN STREET TIPP CITY, OH 45371	31-6000554	501(C)(3)	250.	0.			MARKETING EXPENSE - GILBERT KING LUNCHEON
TIPP CITY PUBLIC LIBRARY 11 E. MAIN STREET TIPP CITY, OH 45371	31-6000554	501(C)(3)	14,810.	0.			PURCHASE OF BOOK AND MAGAZINES FOR ADULTS
TIPP CITY PUBLIC LIBRARY 11 E. MAIN STREET TIPP CITY, OH 45371	31-6000554	501(C)(3)	300.	0.			SUMMER READING PROGRAM
TIPP MONROE COMMUNITY SERVICES 3 EAST MAIN STREET TIPP CITY, OH 45371	31-0794220	501(C)(3)	2,600.	0.			CAMP KERN TRIP EXPENSES
TIPP MONROE COMMUNITY SERVICES 3 EAST MAIN STREET TIPP CITY, OH 45371	31-0794220	501(C)(3)	500.	0.			COMMUNITY RELIEF PROGRAM
TIPP MONROE COMMUNITY SERVICES 3 EAST MAIN STREET TIPP CITY, OH 45371	31-0794220	501(C)(3)	100.	0.			DESTINATION IMAGINATION'S MAY 2019 TRIP TO GLOBALS
TIPP MONROE COMMUNITY SERVICES 3 EAST MAIN STREET TIPP CITY, OH 45371	31-0794220	501(C)(3)	500.	0.			LUNCH ON US PROGRAM
TIPP MONROE COMMUNITY SERVICES 3 EAST MAIN STREET TIPP CITY, OH 45371	31-0794220	501(C)(3)	500.	0.			NATIONAL NIGHT OUT
TIPP MONROE COMMUNITY SERVICES 3 EAST MAIN STREET TIPP CITY, OH 45371	31-0794220	501(C)(3)	1,000.	0.			SUPPORT FOR THE EYEGLASS PROGRAM

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TIPP MONROE COMMUNITY SERVICES 3 EAST MAIN STREET TIPP CITY, OH 45371	31-0794220	501(C)(3)	2,000.	0.			TIPP CITY DESTINATION IMAGINATION GOES GLOBAL
TRI-COUNTY BOARD OF RECOVERY & MENTAL HEALTH - 1100 WAYNE ST., SUITE 4000 - TROY, OH 45373	31-6000055	501(C)(3)	20,000.	0.			ONE WELLNESS PLACE SUPPORT
TRINITY EPISCOPAL CHURCH 60 DORSET ROAD TROY, OH 45373	31-6036534	501(C)(3)	4,432.	0.			GENERAL SUPPORT
TRINITY EPISCOPAL CHURCH 60 DORSET ROAD TROY, OH 45373	31-6036534	501(C)(3)	1,000.	0.			GROWING A GREATER TOMORROW - TORRENCE MEDICAL FUND
TROY CHRISTIAN CHURCH 1440 EAST ST. RT. 55 TROY, OH 45373	31-1259127	501(C)(3)	5,000.	0.			NIGHT TO SHINE
TROY CHRISTIAN SCHOOLS 700 SOUTH DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	649.	0.			DYNAMIC EARTH, BAKER
TROY CHRISTIAN SCHOOLS 700 SOUTH DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	2,622.	0.			ORFF INSTRUMENT EXPANSION PROJECT - ELEMENTARY
TROY CHRISTIAN SCHOOLS 700 SOUTH DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	2,798.	0.			PERCUSSION UPGRADE HIGH SCHOOL
TROY CHRISTIAN SCHOOLS 700 SOUTH DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	5,999.	0.			PLAYGROUND IMPROVEMENT PROJECT

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TROY CHRISTIAN SCHOOLS 700 SOUTH DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	994.	0.			TC ELEMENTARY, MUSIC PLAY, MORROW
TROY CHRISTIAN SCHOOLS 700 SOUTH DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	993.	0.			TC HIGH SCHOOL, BAND SPEAKER, KENNON
TROY CHRISTIAN SCHOOLS 700 SOUTH DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	739.	0.			TC HIGH SCHOOL, WATER PROJECT, HART
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	675.	0.			CONCORD ELEMENTARY, IDITAROD MUSCHER PROGRAM, JODY WEBER
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	992.	0.			COOKSON ELEMENTARY, COSI ON WHEELS, JOHNSON
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	362.	0.			COOKSON ELEMENTARY, SS FIELD TRIP, STEWART
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	989.	0.			COOKSON ELEMENTARY, STEAM BUILDING BLOCKS, STEWART
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	750.	0.			FOREST ELEMENTARY, MAKERSPACES, SMITH
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	953.	0.			FOREST ELEMENTARY, MATHEMATICS MONTESSORI, MUMAW

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	995.	0.			HEYWOOD ELEMENTARY, STEM LIBRARY, DEAM AND HERMAN
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	990.	0.			HEYWOOD ELEMENTARY, STEM MAKER LIBRARY, ADDINGTON AND LAIRD
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	925.	0.			HEYWOOD ELEMENTARY, STEM MAKER LIBRARY, STANISLAW
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	800.	0.			HOOK ELEMENTARY, 3 D PRINTER FOR STEAM CLUB
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	250.	0.			HOOK ELEMENTARY, 3D PRINTING FOR STEAM CLUB, WRIGHT
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	200.	0.			HOOK ELEMENTARY, MUSIC CLASS, NELSON
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	480.	0.			HOOK ELEMENTARY, SENSORY ROOM, SPOON
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	-478.	0.			KIDS TO COLLEGE VAN CLEVE SIXTH GRADE
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	735.	0.			KYLE ELEMENTARY, STUDY ISLAND, MARRS

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TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	735.	0.			KYLE ELEMENTARY, STUDY ISLAND, MILLER
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	735.	0.			KYLE ELEMENTARY, STUDY ISLAND, PASCALE
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	350.	0.			MD CLASSROOM IMPROVEMENTS/WHITEBOARD
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	1,000.	0.			OUTSTANDING EDUCATOR OF THE YEAR - MRS. LEHMKUHL
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	45,600.	0.			READERS' WORKSHOP TRAINING
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	1,488.	0.			TROJAN CLOSET
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	862.	0.			TROY HIGH SCHOOL, A&P STEM PROJECT, ORSBORNE
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	2,000.	0.			TROY HIGH SCHOOL, STUDIO CAMERA
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	800.	0.			TROY JUNIOR HIGH, GRIEF GRANT, SCHOETTNER

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TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	919.	0.			TROY JUNIOR HIGH, MD CLASS MATERIALS, RUZICKA
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	5,000.	0.			TROY POP ROCKS
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	3,950.	0.			VAN CLEVE, KIDS TO COLLEGE
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	4,200.	0.			VAN CLEVE, MUSE MACHINE
TROY CIVIC THEATRE P.O. BOX 491 TROY, OH 45373	31-0918307	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TROY CIVIC THEATRE P.O. BOX 491 TROY, OH 45373	31-0918307	501(C)(3)	19,218.	0.			SOUND AND LIGHTS UPGRADE
TROY HISTORICAL SOCIETY 100 W. MAIN STREET TROY, OH 45373	31-6060351	501(C)(3)	500.	0.			GENERAL SUPPORT
TROY HISTORICAL SOCIETY 100 W. MAIN STREET TROY, OH 45373	31-6060351	501(C)(3)	800.	0.			GROWING A GREATER TOMORROW PROGRAM
TROY HISTORICAL SOCIETY 100 W. MAIN STREET TROY, OH 45373	31-6060351	501(C)(3)	4,100.	0.			MICROFILM READER/SCANNER

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TROY JUNIOR FOOTBALL P.O. BOX 707 TROY, OH 45373	31-1506205	501(C)(3)	8,503.	0.			HELMET REFURBISHMENT
TROY MAIN STREET, INC. 405 SW PUBLIC SQUARE, STE 231 TROY, OH 45373	31-1301818	501(C)(3)	8,900.	0.			DOWNTOWN PROJECTS
TROY MAIN STREET, INC. 405 SW PUBLIC SQUARE, STE 231 TROY, OH 45373	31-1301818	501(C)(3)	650.	0.			GENERAL SUPPORT
TROY MAIN STREET, INC. 405 SW PUBLIC SQUARE, STE 231 TROY, OH 45373	31-1301818	501(C)(3)	6,750.	0.			GROWING A GREATER TOMORROW PROGRAM
TROY MAYORS' CONCERTS, INC. 2315 MCKAIG ROAD TROY, OH 45373	31-1412572	501(C)(3)	5,000.	0.			2019 CONCERT
TROY MAYORS' CONCERTS, INC. 2315 MCKAIG ROAD TROY, OH 45373	31-1412572	501(C)(3)	1,098.	0.			GENERAL SUPPORT
TROY MAYORS' CONCERTS, INC. 2315 MCKAIG ROAD TROY, OH 45373	31-1412572	501(C)(3)	650.	0.			GROWING A GREATER TOMORROW PROGRAM
TROY REC 11 NORTH MARKET STREET TROY, OH 45373	31-0579679	501(C)(3)	250.	0.			GENERAL SUPPORT
TROY REC 11 NORTH MARKET STREET TROY, OH 45373	31-0579679	501(C)(3)	1,850.	0.			GROWING A GREATER TOMORROW PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
TROY REC 11 NORTH MARKET STREET TROY, OH 45373	31-0579679	501(C)(3)	3,000.	0.			SUMMER LUNCH BUDDIES PROGRAM
TROY REINVESTMENT FUND C/O THE TROY FOUNDATION, 216 W. FRA TROY, OH 45373	83-3518215	501(C)(3)	200.	0.			GROWING A GREATER TOMORROW PROGRAM
TROY REINVESTMENT FUND C/O THE TROY FOUNDATION, 216 W. FRA TROY, OH 45373	83-3518215	501(C)(3)	1,000,000.	0.			PROMOTE ECONOMIC VITALITY AND THE SOCIAL WELFARE OF TROY, OHIO CITIZENS
TROY SENIOR CITIZENS CENTER 134 NORTH MARKET STREET TROY, OH 45373	31-6057839	501(C)(3)	750.	0.			GROWING A GREATER TOMORROW PROGRAM
TROY SENIOR CITIZENS CENTER 134 NORTH MARKET STREET TROY, OH 45373	31-6057839	501(C)(3)	15,000.	0.			TROY SENIOR CITIZENS CENTER KITCHEN UPDATES
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	11,000.	0.			DOWNTOWN TROY SUMMER MUSIC SERIES
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	11,360.	0.			FRIDAYS ON PROUTY SUMMER MUSIC SERIES
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	16,955.	0.			GENERAL SUPPORT
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	500.	0.			2020 GIVEAWAY BOOKS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	20,900.	0.			DOLLY PARTON'S IMAGINATION LIBRARY
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	4,744.	0.			GENERAL SUPPORT
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	600.	0.			GROWING A GREATER TOMORROW PROGRAM
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	5,000.	0.			PROGRAMMING FOR SPECIAL NEEDS GROUP
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	14,810.	0.			PURCHASE OF BOOKS AND MAGAZINES FOR ADULTS
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	19,970.	0.			TO PURCHASE BOOK AND MAGAZINES
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	815.	0.			TO PURCHASE TRAVEL MATERIAL
TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON, MA 02111	04-2103634	501(C)(3)	10,000.	0.			TO SUPPORT TRANSLATION INTO PORTUGUESE OF JEANNE PENVENNE'S BOOK
UNITED WAY MIAMI COUNTY 233 S. MARKET ST. TROY, OH 45373	31-0619209	501(C)(3)	5,967.	0.			2018 CAPITAL CAMPAIGN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
UNITED WAY MIAMI COUNTY 233 S. MARKET ST. TROY, OH 45373	31-0619209	501(C)(3)	500.	0.			DESIGNATED FOR OVERFIELD SCHOOL
UNITED WAY MIAMI COUNTY 233 S. MARKET ST. TROY, OH 45373	31-0619209	501(C)(3)	37,970.	0.			GENERAL SUPPORT
UNITED WAY MIAMI COUNTY 233 S. MARKET ST. TROY, OH 45373	31-0619209	501(C)(3)	4,650.	0.			GROWING A GREATER TOMORROW PROGRAM
UPPER MIAMI VALLEY YOUNG LIFE 2237B SHAMROCK LANE TROY, OH 45373	84-0385934	501(C)(3)	8,714.	0.			SUMMER CAMP
UPPER VALLEY CAREER CENTER 8811 CAREER DRIVE PIQUA, OH 45356	31-0819594	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UPPER VALLEY CAREER CENTER 8811 CAREER DRIVE PIQUA, OH 45356	31-0819594	501(C)(3)	8,089.	0.			GERMAN APPRENTICESHIP PROGRAM
UPPER VALLEY CAREER CENTER 8811 CAREER DRIVE PIQUA, OH 45356	31-0819594	501(C)(3)	5,000.	0.			REIMBURSEMENT DUE TO DEPOSIT MADE IN ERROR
UPPER VALLEY CAREER CENTER 8811 CAREER DRIVE PIQUA, OH 45356	31-0819594	501(C)(3)	14,900.	0.			YELLOWSTONE/TETON STUDY TRIP 2019
UPPER VALLEY MEDICAL CENTER 3130 N. COUNTY ROAD 25A TROY, OH 45373	31-0537095	501(C)(3)	2,000.	0.			CARDIAC PULMONARY REHAB CENTER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
UPPER VALLEY MEDICAL CENTER 3130 N. COUNTY ROAD 25A TROY, OH 45373	31-0537095	501(C)(3)	4,360.	0.			DELAY THE DISEASE
UPPER VALLEY MEDICAL CENTER 3130 N. COUNTY ROAD 25A TROY, OH 45373	31-0537095	501(C)(3)	5,047.	0.			SUPPORT FOR MICROBIOLOGY DEPARTMENT
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	7,500.	0.			2019 MCGRAW CANCER AWARENESS SYMPOSIUM
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	1,000.	0.			CARDIAC REHAB PROJECT
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	10,000.	0.			CARDIOPULMONARY REHABILITATION CENTER PROJECT
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	1,400.	0.			GROWING A GREATER TOMORROW PROGRAM
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	119,290.	0.			SURGERY CENTER ENDOSCOPES
VERSAILLES AREA PRIDE AND PROGRESS ASSOCIATION - 21 W. MAIN STREET - VERSAILLES, OH 45380	83-1317914	501(C)(3)	15,149.	0.			GENERAL SUPPORT
WACO HISTORICAL SOCIETY 1865 S COUNTY ROAD 25A TROY, OH 45373	31-0969657	501(C)(3)	15,000.	0.			CHAIR US ON PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WACO HISTORICAL SOCIETY 1865 S COUNTY ROAD 25A TROY, OH 45373	31-0969657	501(C)(3)	24,409.	0.			CONSTRUCTION BUILDING EXPENSES
WACO HISTORICAL SOCIETY 1865 S COUNTY ROAD 25A TROY, OH 45373	31-0969657	501(C)(3)	3,560.	0.			GENERAL SUPPORT
WACO HISTORICAL SOCIETY 1865 S COUNTY ROAD 25A TROY, OH 45373	31-0969657	501(C)(3)	2,275.	0.			GROWING A GREATER TOMORROW PROGRAM
WACO HISTORICAL SOCIETY 1865 S COUNTY ROAD 25A TROY, OH 45373	31-0969657	501(C)(3)	15,768.	0.			REIMBURSEMENT FOR CONSTRUCTION EXPENSES
WAGNER PLUMBING AND HEATING, INC. PO BOX 279 TROY, OH 45373			14,087.	0.			ADMINISTRATIVE EXPENSE
WE CARE ARTS 3035 WILMINGTON PIKE KETTERING, OH 45429	31-1295721	501(C)(3)	5,000.	0.			TRANSITION TO WORK/ART CAFE SUPPORT
WEST OHIO CONFERENCE OF THE UNITED METHODIST CHURCH - 32 WESLEY BLVD. - WORTHINGTON, OH 43085	31-4420544	501(C)(3)	89,115.	0.			BLACK COLLEGE FUND, MINISTER'S RETIREMENT, CAMPERSHIPS
WESTSIDE NEIGHBORHOOD SCHOOL 5401 BEETHOVEN STREET LOS ANGELES, CA 90066	95-3551091	501(C)(3)	12,000.	0.			GENERAL SUPPORT
WILSON HEALTH FOUNDATION 915 W. MICHIGAN ST. SIDNEY, OH 45365	52-1771615	501(C)(3)	5,000.	0.			FUTURE IS CLEAR CAMPAIGN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WORLD CENTRAL KITCHEN 1342 FLORIDA AVENUE, NW WASHINGTON, DC 20009	27-3521132	501(C)(3)	5,000.	0.			FOR WORK IN THE BAHAMAS
WORLD CENTRAL KITCHEN 1342 FLORIDA AVENUE, NW WASHINGTON, DC 20009	27-3521132	501(C)(3)	2,000.	0.			GENERAL SUPPORT
WRIGHT STATE UNIVERSITY FOUNDATION 3640 COLONEL GLEN HIGHWAY DAYTON, OH 45435	23-7019799	501(C)(3)	10,000.	0.			4 LIBERAL ARTS SCHOL. & DEVELOPMENT
WRIGHT STATE UNIVERSITY FOUNDATION 3640 COLONEL GLEN HIGHWAY DAYTON, OH 45435	23-7019799	501(C)(3)	500.	0.			EDUCATION & HUMAN SERVICES SCHOLARSHIPS
YOLO OF DARKE COUNTY INC. 6431 WILLOW LAKE DRIVE GREENVILLE, OH 45331	47-4713488	501(C)(3)	5,000.	0.			SUPPORT FOR HERITAGE PARK OUTDOOR AMPHITHEATER

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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
ADMINISTRATIVE EXPENSE	21	19,097.	0.		
ARTS, CULTURE AND HUMANITIES	1	247.	0.		
BEAUTIFICATION	1	710.	0.		
EDUCATION	53	419,281.	0.		
EVENT EXPENSE	1	106.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION REQUIRES GRANTEES TO PROVIDE A NARRATIVE TO BE COMPLETED AFTER NINETY DAYS OF THE RECEIPT OF GRANT FUNDING. THE NARRATIVE PROVIDES INFORMATION PERTAINING TO THE USE OF THE GRANT AND PROVIDES AN EVALUATION OF THE INTENDED OUTCOMES AND GOALS ORIGINALLY PRESENTED BY THE GRANTEE. NARRATIVE INFORMATION IS SUBMITTED TO THE DISTRIBUTION COMMITTEE. SITE VISITS MAY BE CONDUCTED BY STAFF AND/OR DISTRIBUTION COMMITTEE MEMBERS AND ADDITIONAL REPORTING MAY BE SUBMITTED TO THE DISTRIBUTION COMMITTEE.

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(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 non-cash assistance
RECREATIONAL	1.	852.	0.		
SCHOLARSHIP	26.	346,665.	0.		

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization THE TROY FOUNDATION Employer identification number 31-6018703

Part I Excess Benefit Transactions

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TURNSTONE FINANCIAL LLC	ENTITY MORE THAN 35	31,849.	INVESTMENT		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TURNSTONE FINANCIAL LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
 ENTITY MORE THAN 35% OWNED BY TOM KLEPTZ, SPOUSE OF EXEC DIR MELISSA KLEPTZ

(D) DESCRIPTION OF TRANSACTION: INVESTMENT MANAGEMENT FEES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE TROY FOUNDATION** Employer identification number **31-6018703**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	30	1,605,292.	FMV AT TRANSFER
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

PUBLICLY TRADED SECURITIES CONTRIBUTED TO THE TROY FOUNDATION ARE SOLD BY THIRD PARTIES, THE INVESTMENT DEPARTMENTS OF THE BANKS WHERE THE TROY FOUNDATION MAINTAINS INVESTMENT ACCOUNTS.

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.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

THE TROY FOUNDATION

Employer identification number

31-6018703

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GROWING A GREATER TOMORROW.

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN PREPARER EMAILS A COPY OF THE FORM 990 TO THE FINANCE OFFICER,
WHO FORWARDS THE RETURN TO THE TROY FOUNDATION'S AUDIT COMMITTEE TO REVIEW
IN DETAIL BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. AFTER
REVIEW, THE RETURN IS SENT TO THE BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR AT ITS ANNUAL MEETING, THE TROY FOUNDATION'S GOVERNING BOARD,
TRUSTEES COMMITTEE, AND DISTRIBUTION COMMITTEE RECEIVE A COPY OF THE
CONFLICT OF INTEREST POLICY. THEY ARE REQUIRED TO COMPLETE AND SUBMIT THE
FOUNDATION'S CONFLICT OF INTEREST STATEMENT TO THE EXECUTIVE DIRECTOR
LISTING ALL POTENTIAL CONFLICTS THAT MAY OCCUR THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING THE EXECUTIVE DIRECTOR'S AND OTHER KEY
EMPLOYEES' SALARIES INCLUDES A REVIEW AND APPROVAL PROCESS BY THE GOVERNING
BODY ALONG WITH THE USE OF DATA IN REGARDS TO COMPARABLE COMPENSATION FOR
SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT
SIMILARLY SITUATED ORGANIZATIONS. RECORDS WITH RESPECT TO DELIBERATIONS AND
DECISIONS REGARDING THE COMPENSATION ARRANGEMENT ARE MAINTAINED.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST FOR THE PERIOD OF

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization THE TROY FOUNDATION	Employer identification number 31-6018703
--------------------------------------------------------	-----------------------------------------------------

TIME AS SET FORTH IN INTERNAL REVENUE CODE SECTION 6104(D).

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF TIME AS SET FORTH IN INTERNAL REVENUE CODE SECTION 6104(D).

FORM 990, PART XII, LINE 2C:

THE PROCESS BY WHICH THE ORGANIZATION SELECTS AN INDEPENDENT ACCOUNTANT TO CONDUCT ITS AUDIT HAS NOT CHANGED SINCE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **THE TROY FOUNDATION** Employer identification number **31-6018703**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
TF LAND, INC. - 26-1645416 216 W FRANKLIN ST TROY, OH 45373	TF LAND OWNS THE BUILDING THAT HOUSES THE TROY FOUNDATION	OHIO	501(C)(3)	LINE 12B, II	N/A		X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

A Check box if address changed		Name of organization (Check box if name changed and see instructions.) THE TROY FOUNDATION	D Employer identification number (Employees' trust, see instructions.) 31-6018703
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) 408(e) 220(e) 408A 530(a) 529(a)	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 216 W FRANKLIN ST City or town, state or province, country, and ZIP or foreign postal code TROY, OH 45373-3234	E Unrelated business activity code (See instructions.) 900099

C Book value of all assets at end of year 105,029,165.	F Group exemption number (See instructions.) ▶
	G Check organization type ▶ 501(c) corporation <input checked="" type="checkbox"/> 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 1**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **ASHLEY LITTRELL** Telephone number ▶ **(937) 339-8935**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5	-9,643.	STMT 3
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13	-9,643.	-9,643.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22 Depletion		22	
23 Contributions to deferred compensation plans		23	
24 Employee benefit programs		24	
25 Excess exempt expenses (Schedule I)		25	
26 Excess readership costs (Schedule J)		26	
27 Other deductions (attach schedule)		27	
28 Total deductions. Add lines 14 through 27		28	0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	-9,643.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31	-9,643.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-9,643.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-9,643.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-9,643.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-9,643.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input checked="" type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	0.
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: Form 2439 _____ Total <input type="checkbox"/> Form 4136 _____ Other _____	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <input type="checkbox"/>	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Title **EXECUTIVE DIRECTOR**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	KAREN O CRIM	<i>Karen O. Crim</i>	10/31/20		P00368385
	Firm's name <input type="checkbox"/> RSM US LLP	Firm's EIN <input type="checkbox"/> 42-0714325		6 SOUTH PATTERSON	
	Firm's address <input type="checkbox"/> DAYTON, OH 45402	Phone no. 937-298-0201			

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

INVESTMENT IN PUBLICLY TRADED PARTNERSHIPS

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 2

CEDAR FAIR, LP - 2017 ORDINARY BUSINESS LOSS	-1,990.
CEDAR FAIR, LP - 2018 ORDINARY BUSINESS LOSS	-3,692.
CEDAR FAIR, LP - 2019 ORDINARY BUSINESS LOSS	-3,961.

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 3

DESCRIPTION	NET INCOME OR (LOSS)
CEDAR FAIR, LP - ORDINARY BUSINESS INCOME (LOSS)	-9,643.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-9,643.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. THE TROY FOUNDATION	Taxpayer identification number (TIN) 31-6018703
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 216 W FRANKLIN ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TROY, OH 45373-3234	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ASHLEY LITRELL

- The books are in the care of ▶ **216 W FRANKLIN ST. - TROY, OH 45373**
Telephone No. ▶ **(937) 339-8935** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.