

**** PUBLIC DISCLOSURE COPY ****

Form **990**

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE TROY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 216 W FRANKLIN ST City or town, state or province, country, and ZIP or foreign postal code TROY, OH 45373-3234		D Employer identification number 31-6018703
	F Name and address of principal officer: MELISSA KLEPTZ SAME AS C ABOVE		E Telephone number 937-339-8935
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 33,380,889.
	J Website: WWW.THETROYFOUNDATION.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		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 2020 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,256,073.	Current Year 13,178,334.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,133,275.	2,589,048.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,111.	8,603.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,423,459.	15,775,985.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,502,159.	6,939,322.
Expenses	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)	414,367.	436,252.
	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)	592,526.	578,783.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,509,052.	7,954,357.
19 Revenue less expenses. Subtract line 18 from line 12	5,914,407.	7,821,628.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 105,029,165.	End of Year 125,171,217.
	21 Total liabilities (Part X, line 26)	7,470,463.	8,794,513.
	22 Net assets or fund balances. Subtract line 21 from line 20	97,558,702.	116,376,704.

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	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KAREN O. CRIM	KAREN O. CRIM	11/05/21		P00368385
	Firm's name	Firm's EIN		Phone no.	
	RSM US LLP	42-0714325		937-298-0201	
	Firm's address	6 S PATTERSON BLVD DAYTON, OH 45402			

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? No

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

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

4a (Code:) (Expenses \$ 7,263,195. including grants of \$ 6,939,322.) (Revenue \$) IN 2020, THE TROY FOUNDATION PROVIDED OVER 1,600 GRANTS TO ORGANIZATIONS PROVIDING SERVICES IN THE AREAS OF ARTS AND CULTURE, EDUCATION, HEALTH AND HUMAN SERVICES, SOCIAL SERVICES, YOUTH DEVELOPMENT, BEAUTIFICATION, PROTECTING WILDLIFE AND THE ENVIRONMENT, AND EMERGENCY GRANTS TO ASSIST NON-PROFITS DURING THE PANDEMIC.

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 7,263,195.

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)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 (7), 1b (7), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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

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) MELISSA KLEPTZ EXECUTIVE DIRECTOR	39.90 0.10			X				111,173.	0.	39,470.
(2) JESSICA MINESINGER PRESIDENT GOV BD	1.00 0.10	X		X				0.	0.	0.
(3) BRENT BLACK VICE PRESIDENT GOV BD	1.00 0.10	X		X				0.	0.	0.
(4) WILLIAM J. FULKER SECRETARY GOV BD (NONVOTING)	1.00 0.10			X				0.	0.	0.
(5) TOM GIERE GOV BD	1.00 0.10	X						0.	0.	0.
(6) JOE DICKERSON GOV BD	1.00 0.10	X						0.	0.	0.
(7) GREG TAYLOR GOV BD/DIST COM (TO 4/30/20)	1.00 0.10	X						0.	0.	0.
(8) KATHY KERBER GOV BD/DIST COM (AS OF 5/1/20)	1.00 0.10	X						0.	0.	0.
(9) DAVE FISHER GOV BD/TTEE COM	1.00 0.10	X						0.	0.	0.
(10) ED PURVIS GOV BD	1.00 0.10	X						0.	0.	0.

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							111,173.	0.	39,470.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							111,173.	0.	39,470.	

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 MANAGER	202,935.

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 4,605.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 76,500.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 13,097,229.				
	g Noncash contributions included in lines 1a-1f	1g \$ 4,507,482.				
	h Total. Add lines 1a-1f		13,178,334.			
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)		2,149,461.		2,149,461.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real	1,500.		
			(ii) Personal			
	b Less: rental expenses	6b	0.			
	c Rental income or (loss)	6c	1,500.			
	d Net rental income or (loss)			1,500.		1,500.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	18,044,491.		
			(ii) Other			
	b Less: cost or other basis and sales expenses	7b	17,603,789.	1,115.		
	c Gain or (loss)	7c	440,702.	-1,115.		
d Net gain or (loss)			439,587.		439,587.	
8 a Gross income from fundraising events (not including \$ 4,605. of contributions reported on line 1c). See Part IV, line 18	8a		7,103.			
b Less: direct expenses	8b	0.				
c Net income or (loss) from fundraising events			7,103.		7,103.	
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		15,775,985.	0.	0.	2,597,651.	

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	6,155,858.	6,155,858.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	783,464.	783,464.		
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	111,173.		111,173.	
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	231,561.		231,561.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,812.		11,812.	
9 Other employee benefits	57,086.		57,086.	
10 Payroll taxes	24,620.		24,620.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	31,260.		31,260.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	323,873.	323,873.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	925.		925.	
12 Advertising and promotion	20,481.		20,481.	
13 Office expenses	37,421.		37,421.	
14 Information technology				
15 Royalties				
16 Occupancy	14,821.		14,821.	
17 Travel	479.		479.	
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	18,982.		18,982.	
22 Depreciation, depletion, and amortization	6,197.		6,197.	
23 Insurance	9,023.		9,023.	
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	22,653.		22,653.	
b CLEANING & MAINTENANCE	17,066.		17,066.	
c ANNUAL REPORT	16,002.		16,002.	
d MEMBERSHIP DUES	13,795.		13,795.	
e All other expenses	45,805.		45,805.	
25 Total functional expenses. Add lines 1 through 24e	7,954,357.	7,263,195.	691,162.	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 <input type="checkbox"/> 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	484,911.	1	572,713.
	2 Savings and temporary cash investments	3,683,592.	2	5,200,376.
	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 528,708.		
	b Less: accumulated depreciation	10b 24,829.	637,196.	10c 503,879.
	11 Investments - publicly traded securities	100,223,466.	11	118,894,249.
	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)		105,029,165.	16	125,171,217.
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	7,470,463.	25	8,794,513.
	26 Total liabilities. Add lines 17 through 25	7,470,463.	26	8,794,513.
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	21,691,286.	27	21,868,115.
	28 Net assets with donor restrictions	75,867,416.	28	94,508,589.
	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	97,558,702.	32	116,376,704.	
33 Total liabilities and net assets/fund balances	105,029,165.	33	125,171,217.	

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	15,775,985.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,954,357.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,821,628.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97,558,702.
5	Net unrealized gains (losses) on investments	5	10,996,374.
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	116,376,704.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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? _____
- 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 _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

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

2020
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 [X] 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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5504472.	10028062.	3966332.	6256073.	13178334.	38933273.
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	5504472.	10028062.	3966332.	6256073.	13178334.	38933273.
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 1, column (f)						14838129.
6 Public support. Subtract line 5 from line 4.						24095144.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5504472.	10028062.	3966332.	6256073.	13178334.	38933273.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1840721.	2165317.	2231923.	2210563.	2150961.	10599485.
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						49532758.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	48.64	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	50.03	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part 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 - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part 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"/>

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 line 2, above, 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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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 line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No" 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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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.)

Multiple 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

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization THE TROY FOUNDATION	Employer identification number 31-6018703
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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
1		\$ 3,766,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,781,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 903,421.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 812,637.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 595,992.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 440,000.	Person <input checked="" 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
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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		\$ 418,657.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	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
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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
<u>2</u>	<u>SECURITIES</u> _____ _____	\$ <u>1,038,828.</u>	<u>04/08/20</u>
<u>3</u>	<u>SECURITIES</u> _____ _____	\$ <u>495,515.</u>	<u>02/21/20</u>
<u>3</u>	<u>SECURITIES</u> _____ _____	\$ <u>152,573.</u>	<u>11/30/20</u>
<u>3</u>	<u>SECURITIES</u> _____ _____	\$ <u>104,700.</u>	<u>12/07/20</u>
<u>3</u>	<u>SECURITIES</u> _____ _____	\$ <u>50,434.</u>	<u>08/04/20</u>
<u>4</u>	<u>SECURITIES</u> _____ _____	\$ <u>499,151.</u>	<u>02/21/20</u>

Name of organization THE TROY FOUNDATION	Employer identification number 31-6018703
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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
4	SECURITIES _____ _____ _____	\$ 158,537.	11/30/20
4	SECURITIES _____ _____ _____	\$ 104,700.	12/07/20
4	SECURITIES _____ _____ _____	\$ 50,249.	08/04/20
5	SECURITIES _____ _____ _____	\$ 534,508.	11/04/20
5	SECURITIES _____ _____ _____	\$ 61,484.	12/14/20
	_____ _____ _____	\$	

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

(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

(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

(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

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

2020
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	279
2 Aggregate value of contributions to (during year)	3,981,885.	9,530,262.
3 Aggregate value of grants from (during year)	4,522,049.	2,196,774.
4 Aggregate value at end of year	16,572,482.	66,833,557.

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? Yes 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? Yes 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) 2020

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	60,604,896.	49,684,785.	44,815,341.	42,847,653.	37,873,969.
b Contributions	8,765,663.	3,872,828.	1,644,323.	1,588,282.	4,461,701.
c Net investment earnings, gains, and losses	7,737,063.	10,014,205.	6,679,833.	2,275,069.	2,418,282.
d Grants or scholarships	1,646,551.	2,484,822.	2,817,468.	1,328,562.	1,452,109.
e Other expenditures for facilities and programs					
f Administrative expenses	533,258.	482,100.	637,244.	567,101.	454,190.
g End of year balance	74,927,813.	60,604,896.	49,684,785.	44,815,341.	42,847,653.

- 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 35.5570 %
 - c Term endowment 64.4430 %
- 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 checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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	494,084.			494,084.
b Buildings				
c Leasehold improvements				
d Equipment		34,624.	24,829.	9,795.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				503,879.

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	8,794,513.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 8,794,513.	

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	26,766,371.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	10,996,374.	
	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	10,996,374.	
3	Subtract line 2e from line 1	3	15,769,997.	
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	-1,115.	
	b Other (Describe in Part XIII.)	4b	7,103.	
	c Add lines 4a and 4b	4c	5,988.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,775,985.	

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	7,973,974.
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	44,587.	
	e Add lines 2a through 2d	2e	44,587.	
3	Subtract line 2e from line 1	3	7,929,387.	
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	-1,115.	
	b Other (Describe in Part XIII.)	4b	26,085.	
	c Add lines 4a and 4b	4c	24,970.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,954,357.	

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 RECOMMENDED BY THE DISTRIBUTION COMMITTEE OF THE FOUNDATION AND APPROVED BY THE GOVERNING BOARD. 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, 2020 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 FOUNDATION 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 2017.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET FUNDRAISING INCOME	7,103.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

DEPRECIATION EXPENSE INCLUDED ON TF LAND, INC. RETURN	44,587.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

NET FUNDRAISING INCOME	7,103.
------------------------	--------

INTERCOMPANY TRANSFER	18,982.
-----------------------	---------

TOTAL TO SCHEDULE D, PART XII, LINE 4B	26,085.
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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2020

Open to Public Inspection

▶ 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))
		VIKING FEST (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	11,708.			11,708.
	2 Less: Contributions	4,605.			4,605.
	3 Gross income (line 1 minus line 2)	7,103.			7,103.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				7,103.

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	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

2020

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 non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS OF THE NORTHERN MIAMI VALLEY - 1314 BARNHART ROAD - TROY, OH 45373	53-0196605	501(C)(3)	7,500.	0.			HOME FIRE CAMPAIGN
AMERICAN RED CROSS OF THE NORTHERN MIAMI VALLEY - 1314 BARNHART ROAD - TROY, OH 45373	53-0196605	501(C)(3)	5,000.	0.			TRAINING AND DISASTER SERVICES
AMERICAN RED CROSS OF THE NORTHERN MIAMI VALLEY - 1314 BARNHART ROAD - TROY, OH 45373	53-0196605	501(C)(3)	1,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS OF THE NORTHERN MIAMI VALLEY - 1314 BARNHART ROAD - TROY, OH 45373	53-0196605	501(C)(3)	662.	0.			GENERAL SUPPORT FOR USE IN THE MIAMI VALLEY AREA
AMERICAN RED CROSS OF THE NORTHERN MIAMI VALLEY - 1314 BARNHART ROAD - TROY, OH 45373	53-0196605	501(C)(3)	9,000.	0.			DISASTER SERVICES; PREPARE, RESPOND, AND RECOVER
AMERICAN RED CROSS OF THE NORTHERN MIAMI VALLEY - 1314 BARNHART ROAD - TROY, OH 45373	53-0196605	501(C)(3)	1,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ANNA CIVIC ASSOCIATION, INC. 12651 LOCHARD ROAD ANNA, OH 45302	31-1461318	501(C)(3)	5,925.	0.			VILLAGE HOMECOMING FESTIVAL SUPPORT
ARBOGAST PERFORMING ARTS CENTER P.O. BOX 841 TROY, OH 45373	83-0889260	501(C)(3)	50,000.	0.			GENERAL SUPPORT
ARBOGAST PERFORMING ARTS CENTER P.O. BOX 841 TROY, OH 45373	83-0889260	501(C)(3)	43.	0.			NOVEMBER GIFT
ARBOGAST PERFORMING ARTS CENTER P.O. BOX 841 TROY, OH 45373	83-0889260	501(C)(3)	50,000.	0.			EMERSON GIFT TRANSFERRED OUT
ARBOGAST PERFORMING ARTS CENTER P.O. BOX 841 TROY, OH 45373	83-0889260	501(C)(3)	43.	0.			OCTOBER GIFTS
ARBOGAST PERFORMING ARTS CENTER P.O. BOX 841 TROY, OH 45373	83-0889260	501(C)(3)	43.	0.			DECEMBER GIFT
ARBOGAST PERFORMING ARTS CENTER P.O. BOX 841 TROY, OH 45373	83-0889260	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ARBOGAST PERFORMING ARTS CENTER P.O. BOX 841 TROY, OH 45373	83-0889260	501(C)(3)	42.	0.			SEPTEMBER GIFTS
ARBOGAST PERFORMING ARTS CENTER P.O. BOX 841 TROY, OH 45373	83-0889260	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990) **THE TROY FOUNDATION**
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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)	25,000.	0.			GENERAL SUPPORT
ARBOGAST PERFORMING ARTS CENTER P.O. BOX 841 TROY, OH 45373	83-0889260	501(C)(3)	83.	0.			BALANCE OF FUND THROUGH 8/6/2020
ARBOGAST PERFORMING ARTS CENTER P.O. BOX 841 TROY, OH 45373	83-0889260	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ARBOGAST PERFORMING ARTS CENTER P.O. BOX 841 TROY, OH 45373	83-0889260	501(C)(3)	500.	0.			ACCOUNT SWEEP OF \$500 DONATION
ARBOGAST PERFORMING ARTS CENTER P.O. BOX 841 TROY, OH 45373	83-0889260	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ARBOGAST PERFORMING ARTS CENTER P.O. BOX 841 TROY, OH 45373	83-0889260	501(C)(3)	108.	0.			TRANSFERRING FUNDS OUT
ARBOGAST PERFORMING ARTS CENTER P.O. BOX 841 TROY, OH 45373	83-0889260	501(C)(3)	5,342.	0.			BALANCE OF FUND THROUGH APRIL, 2020
BETHEL LOCAL SCHOOLS 7490 S. STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	3,585.	0.			STEM - ADVANCING FORWARD ONE STEP AT A TIME
BETHEL LOCAL SCHOOLS 7490 S. STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	2,979.	0.			LIFE SKILLS - HELPING STUDENTS "MAKE IT"

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BETHEL LOCAL SCHOOLS 7490 S. STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	-3,850.	0.			STUDENT TRIP TO NASHVILLE FOR COMPETITION
BETHEL LOCAL SCHOOLS 7490 S. STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	2,422.	0.			FUNDATIONS CONTINUATION
BETHEL LOCAL SCHOOLS 7490 S. STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	1,412.	0.			ENTRY FEES-STATE SCIENCE FAIR & ROBOTICS COMPETITION
BETHEL LOCAL SCHOOLS 7490 S. STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	1,850.	0.			LA COMEDIA LUNCH & LEARN PERFORMANCE TRIP
BETHEL LOCAL SCHOOLS 7490 S. STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	2,875.	0.			WORLD MUSIC CURRICULUM
BETHEL LOCAL SCHOOLS 7490 S. STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	1,524.	0.			EASELS AND TABLES - BETHEL HIGH SCHOOL ART DEPT.
BETHEL LOCAL SCHOOLS 7490 S. STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	1,000.	0.			TEACHER SELF CARE - MONTHLY ENCOURAGEMENT
BETHEL LOCAL SCHOOLS 7490 S. STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	2,176.	0.			ORFF PERCUSSION INSTRUMENTS FOR BETHEL ELEMENTARY
BIG BROTHERS, BIG SISTERS OF THE GREATER MIAMI VALLEY - 22 S. JEFFERSON STREET - DAYTON, OH 45402	31-0641306	501(C)(3)	1,200.	0.			BRIGHT NIGHTS - DEFEND POTENTIAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 S. JEFFERSON STREET - DAYTON, OH 45402	31-0641306	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BIG BROTHERS, BIG SISTERS OF THE GREATER MIAMI VALLEY - 22 S. JEFFERSON STREET - DAYTON, OH 45402	31-0641306	501(C)(3)	6,000.	0.			GENERAL SUPPORT
BIG BROTHERS, BIG SISTERS OF THE GREATER MIAMI VALLEY - 22 S. JEFFERSON STREET - DAYTON, OH 45402	31-0641306	501(C)(3)	1,000.	0.			GENERAL SUPPORT
BIG BROTHERS, BIG SISTERS OF THE GREATER MIAMI VALLEY - 22 S. JEFFERSON STREET - DAYTON, OH 45402	31-0641306	501(C)(3)	2,000.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
BIG BROTHERS, BIG SISTERS OF THE GREATER MIAMI VALLEY - 22 S. JEFFERSON STREET - DAYTON, OH 45402	31-0641306	501(C)(3)	200.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	300.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	523.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	2,500.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	4,763.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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)	7,260.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	75.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	7,260.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	1,709.	0.			MARKETING PROJECT - PURCHASE OF DISPLAY
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	1,000.	0.			SIDNEY SCHOOLS/HOLY ANGELS ENVIROMENTAL PROGRAM
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	7,260.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	7,260.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	2,000.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	662.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) **THE TROY FOUNDATION**
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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	31-07322613	501(C)(3)	4,850.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-07322613	501(C)(3)	1,000.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-07322613	501(C)(3)	3,000.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-07322613	501(C)(3)	7,260.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-07322613	501(C)(3)	1,000.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-07322613	501(C)(3)	7,260.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-07322613	501(C)(3)	1,000.	0.			ENVIRONMENTAL EDUCATION PROGRAMS FOR LINCOLN COMMUNITY CENTER KIDS
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-07322613	501(C)(3)	7,260.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-07322613	501(C)(3)	7,260.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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	31-07322613	501(C)(3)	7,260.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-07322613	501(C)(3)	642.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-07322613	501(C)(3)	7,260.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-07322613	501(C)(3)	1,113.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-07322613	501(C)(3)	164.	0.			PEEPERS CRAFT BAGS
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-07322613	501(C)(3)	100.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-07322613	501(C)(3)	300.	0.			PRERELEASE ENCLOSURE - WILDLIFE REBAB, PROJECT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-07322613	501(C)(3)	7,260.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-07322613	501(C)(3)	642.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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)	1,113.	0.			GENERAL SUPPORT
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)	7,260.	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
CHILD CARE CHOICES, INC. 4817 STATE ROUTE 202 TIPP CITY, OH 45371	31-1212898	501(C)(3)	200.	0.			GENERAL SUPPORT
CHILD CARE CHOICES, INC. 4817 STATE ROUTE 202 TIPP CITY, OH 45371	31-1212898	501(C)(3)	1,000.	0.			GENERAL SUPPORT
CHILD CARE CHOICES, INC. 4817 STATE ROUTE 202 TIPP CITY, OH 45371	31-1212898	501(C)(3)	2,000.	0.			STORY LADY
CHILD CARE CHOICES, INC. 4817 STATE ROUTE 202 TIPP CITY, OH 45371	31-1212898	501(C)(3)	4,000.	0.			STORY LADY PROGRAM, SUMMER 2021-SPRING 2022
CHILD CARE CHOICES, INC. 4817 STATE ROUTE 202 TIPP CITY, OH 45371	31-1212898	501(C)(3)	500.	0.			PURCHASING ZOOM FOR PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CHILD CARE CHOICES, INC. 4817 STATE ROUTE 202 TIPP CITY, OH 45371	31-1212898	501(C)(3)	1,000.	0.			GENERAL SUPPORT
CITY OF TIPP CITY, OHIO 260 S. GARBER DRIVE TIPP CITY, OH 45371	31-0792424	501(C)(3)	5,000.	0.			SHELTER FOR BIKE PATH
CITY OF TIPP CITY, OHIO 260 S. GARBER DRIVE TIPP CITY, OH 45371	31-0792424	501(C)(3)	904.	0.			VETERANS PARK GAZEBO DOWNSPOUTS
CITY OF TIPP CITY, OHIO 260 S. GARBER DRIVE TIPP CITY, OH 45371	31-0792424	501(C)(3)	1,839.	0.			VETERANS PARK GAZEBO DOWNSPOUTS
CITY OF TIPP CITY, OHIO 260 S. GARBER DRIVE TIPP CITY, OH 45371	31-0792424	501(C)(3)	2,650.	0.			KYLE PARK PLAYGROUND EQUIPMENT
CITY OF TIPP CITY, OHIO 260 S. GARBER DRIVE TIPP CITY, OH 45371	31-0792424	501(C)(3)	1,754.	0.			DOG PARK PLAY EQUIPMENT
CITY OF TIPP CITY, OHIO 260 S. GARBER DRIVE TIPP CITY, OH 45371	31-0792424	501(C)(3)	3,750.	0.			(5) IMMOBILIZATION DEVICES - REEVES SLEEVES
CITY OF TIPP CITY, OHIO 260 S. GARBER DRIVE TIPP CITY, OH 45371	31-0792424	501(C)(3)	3,060.	0.			(4) TREES FOR TCF GROVE; REMAINDER UNSOLICITED
CITY OF TROY, OHIO 100 S. MARKET STREET TROY, OH 45373	31-6000549	501(C)(3)	10,000.	0.			TREES FOR TROY

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 TROY, OHIO 100 S. MARKET STREET TROY, OH 45373	31-6000549	501(C)(3)	2,049.	0.			SUPPORT FOR MAINTENANCE OF VETERANS MEMORIAL PARK
CITY OF TROY, OHIO 100 S. MARKET STREET TROY, OH 45373	31-6000549	501(C)(3)	12,000.	0.			JULY 4TH FIREWORKS
CITY OF TROY, OHIO 100 S. MARKET STREET TROY, OH 45373	31-6000549	501(C)(3)	847.	0.			REIMBURSEMENT OF WATER BILLS FOR TROY RESIDENTS
CITY OF TROY, OHIO 100 S. MARKET STREET TROY, OH 45373	31-6000549	501(C)(3)	5,500.	0.			WEST MAIN STREET FLAG POLE PROJECT
CITY OF TROY, OHIO 100 S. MARKET STREET TROY, OH 45373	31-6000549	501(C)(3)	7,818.	0.			REIMBURSEMENT OF WATER BILLS FOR TROY RESIDENTS
CITY OF TROY, OHIO 100 S. MARKET STREET TROY, OH 45373	31-6000549	501(C)(3)	28,336.	0.			REIMBURSEMENT OF WATER BILLS FOR TROY RESIDENTS
CITY OF TROY, OHIO 100 S. MARKET STREET TROY, OH 45373	31-6000549	501(C)(3)	13,491.	0.			REPLACEMENT POOL PUMP FOR TROY AQUATIC CENTER
CLEAR CREEK FARM 1900 S. KUTHER ROAD SIDNEY, OH 45365	31-0982443	501(C)(3)	10,921.	0.			GENERAL SUPPORT
CLEAR CREEK FARM 1900 S. KUTHER ROAD SIDNEY, OH 45365	31-0982443	501(C)(3)	10,921.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CLEAR CREEK FARM 1900 S. KUTHER ROAD SIDNEY, OH 45365	31-0982443	501(C)(3)	10,921.	0.			GENERAL SUPPORT
CLEAR CREEK FARM 1900 S. KUTHER ROAD SIDNEY, OH 45365	31-0982443	501(C)(3)	3,000.	0.			CHRISTMAS FUND
CLEAR CREEK FARM 1900 S. KUTHER ROAD SIDNEY, OH 45365	31-0982443	501(C)(3)	10,921.	0.			GENERAL SUPPORT
DARKE COUNTY JUNIOR FAIR 800 SWEITZER STREET GREENVILLE, OH 45331	34-4215590	501(C)(3)	8,279.	0.			GENERAL SUPPORT
DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 45405	31-0537480	501(C)(3)	5,000.	0.			ANNUAL FUND 2020
DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 45405	31-0537480	501(C)(3)	200.	0.			ANNUAL FUND
DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 45405	31-0537480	501(C)(3)	9,700.	0.			SUPPORT FOR THE ENDOWMENT FUND
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)	75,000.	0.			REACHING NEW HEIGHTS & MENTAL HEALTH

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	2,000.	0.			REACHING NEW HEIGHTS CAMPAIGN
DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	25,000.	0.			REACHING NEW HEIGHTS CAMPAIGN
DAYTON CHILDREN'S HOSPITAL FOUNDATION - ONE CHILDREN'S PLAZA - DAYTON, OH 45404	31-1045247	501(C)(3)	2,000.	0.			GENERAL SUPPORT
DAYTON CHILDREN'S HOSPITAL FOUNDATION - ONE CHILDREN'S PLAZA - DAYTON, OH 45404	31-1045247	501(C)(3)	16,610.	0.			DAY TREATMENT START UP EXPENSES
DAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK DAYTON, OH 45469	26-0463618	501(C)(3)	6,000.	0.			GENERAL SUPPORT
DAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK DAYTON, OH 45469	26-0463618	501(C)(3)	35,000.	0.			GENERAL SUPPORT
DAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK DAYTON, OH 45469	26-0463618	501(C)(3)	3,000.	0.			JUDY HENNESSEY RETIREMENT
DAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK DAYTON, OH 45469	26-0463618	501(C)(3)	12,000.	0.			GENERAL SUPPORT
DAYTON PERFORMING ARTS ALLIANCE 126 N. MAIN STREET, SUITE 210 DAYTON, OH 45402	31-6000101	501(C)(3)	9,700.	0.			ENDOWMENT FUND TO BENEFIT THE DAYTON PHILHARMONIC

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 N. MAIN STREET, SUITE 210 DAYTON, OH 45402	31-6000101	501(C)(3)	50,000.	0.			GENERAL SUPPORT
DAYTON PERFORMING ARTS ALLIANCE 126 N. MAIN STREET, SUITE 210 DAYTON, OH 45402	31-6000101	501(C)(3)	2,000.	0.			ARTS EXPLORER STREAMS
DAYTON PERFORMING ARTS ALLIANCE 126 N. MAIN STREET, SUITE 210 DAYTON, OH 45402	31-6000101	501(C)(3)	500.	0.			MUSIC EDUCATION/ENRICHMENT FOR TIFF CITY ELEMENTARY
DAYTON PERFORMING ARTS ALLIANCE 126 N. MAIN STREET, SUITE 210 DAYTON, OH 45402	31-6000101	501(C)(3)	5,000.	0.			ANNUAL FUND 2020
DAYTON PERFORMING ARTS ALLIANCE 126 N. MAIN STREET, SUITE 210 DAYTON, OH 45402	31-6000101	501(C)(3)	500.	0.			GENERAL SUPPORT IMO MACY JANNEY
DAYTON PERFORMING ARTS ALLIANCE 126 N. MAIN STREET, SUITE 210 DAYTON, OH 45402	31-6000101	501(C)(3)	500.	0.			ONE DAYTON ONE ALLIANCE ENDOWMENT CAMPAIGN
DAYTON PERFORMING ARTS ALLIANCE 126 N. MAIN STREET, SUITE 210 DAYTON, OH 45402	31-6000101	501(C)(3)	1,000.	0.			GENERAL SUPPORT
DAYTON PERFORMING ARTS ALLIANCE 126 N. MAIN STREET, SUITE 210 DAYTON, OH 45402	31-6000101	501(C)(3)	24,690.	0.			MUSIC DISCOVERIES
DOROTHY LOVE RETIREMENT COMMUNITY 3003 W. CISCO ROAD SIDNEY, OH 45365	34-4429863	501(C)(3)	4,139.	0.			SUPPORT FOR LIFECARE FUND AND RETIREMENT CENTER

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
DOROTHY LOVE RETIREMENT COMMUNITY 3003 W. CISCO ROAD SIDNEY, OH 45365	34-4429863	501(C)(3)	4,876.	0.			SUPPORT FOR DOROTHY LOVE LIFECARE FUND
DOROTHY LOVE RETIREMENT COMMUNITY 3003 W. CISCO ROAD SIDNEY, OH 45365	34-4429863	501(C)(3)	4,876.	0.			SUPPORT FOR DOROTHY LOVE LIFECARE FUND
DOWNTOWN TIPP CITY PARTNERSHIP 6 S. THIRD STREET TIPP CITY, OH 45371	26-0530154	501(C)(3)	845.	0.			ROYAL CREST FLAG POLE REFURBISHMENT
DOWNTOWN TIPP CITY PARTNERSHIP 6 S. THIRD STREET TIPP CITY, OH 45371	26-0530154	501(C)(3)	17,600.	0.			ASSISTANCE TO BUSINESSES AFFECTED BY COVID-19
DOWNTOWN TIPP CITY PARTNERSHIP 6 S. THIRD STREET TIPP CITY, OH 45371	26-0530154	501(C)(3)	2,875.	0.			ADDITIONAL REFUSE CONTAINERS FOR DOWNTOWN
DOWNTOWN TIPP CITY PARTNERSHIP 6 S. THIRD STREET TIPP CITY, OH 45371	26-0530154	501(C)(3)	1,200.	0.			ASSISTANCE TO BUSINESSES AFFECTED BY COVID-19
DOWNTOWN TIPP CITY PARTNERSHIP 6 S. THIRD STREET TIPP CITY, OH 45371	26-0530154	501(C)(3)	500.	0.			DOWNTOWN TIPP CITY PARTNERSHIP SIGNAGE
DOWNTOWN TIPP CITY PARTNERSHIP 6 S. THIRD STREET TIPP CITY, OH 45371	26-0530154	501(C)(3)	1,007.	0.			UNSOLICITED FUNDING FOR FACADE IMPROVEMENT PROGRAM
DOWNTOWN TIPP CITY PARTNERSHIP 6 S. THIRD STREET TIPP CITY, OH 45371	26-0530154	501(C)(3)	2,400.	0.			ASSISTANCE TO BUSINESSES AFFECTED BY COVID-19

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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DOWNTOWN TIPP CITY PARTNERSHIP 6 S. THIRD STREET TIPP CITY, OH 45371	26-0530154	501(C)(3)	2,000.	0.			ASSISTANCE TO BUSINESSES AFFECTED BY COVID-19
DOWNTOWN TIPP CITY PARTNERSHIP 6 S. THIRD STREET TIPP CITY, OH 45371	26-0530154	501(C)(3)	1,809.	0.		ROOF REPLACEMENT/FACADE IMPROVEMENT PROGRAM	
DREAM BUILDERS GROUP INC. 6759 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-1405053	501(C)(3)	1,000.	0.		EMERGENCY FUNDING FOR FOOD FOR TROY FAMILIES	
DREAM BUILDERS GROUP INC. 6759 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-1405053	501(C)(3)	8,700.	0.		CLUBHOUSE INTERNSHIP	
DREAM BUILDERS GROUP INC. 6759 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-1405053	501(C)(3)	2,000.	0.		COVID-19 FUNDRAISING REPLACEMENT GRANT	
EAGLES' WINGS STABLE, INC. 5730 N. WASHINGTON ROAD PIQUA, OH 45356	34-2027403	501(C)(3)	11,760.	0.		TUITION GAP	
EDISON COMMUNITY COLLEGE 1973 EDISON DRIVE PIQUA, OH 45356	31-0836468	501(C)(3)	1,000.	0.		HOLIDAY EVENING EVENT	
EDISON COMMUNITY COLLEGE 1973 EDISON DRIVE PIQUA, OH 45356	31-0836468	501(C)(3)	3,871.	0.		FALL TUITION FOR 5 STUDENTS	
EDISON COMMUNITY COLLEGE 1973 EDISON DRIVE PIQUA, OH 45356	31-0836468	501(C)(3)	1,069.	0.		TEXTBOOKS AND COURSE MATERIALS FOR 3 STUDENTS	

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Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
EL SOMBRERO 1700 N. COUNTY ROAD 25A TROY, OH 45373			5,000.	0.			SUPPORT OF THE COMMUNITY THANKSGIVING DINNER
ERWIN CHRYSLER DODGE JEEP, INC. P.O. BOX 339 TROY, OH 45373			100,000.	0.			PAYMENT FOR VETERANS MUSEUM
F. J. STALLO PUBLIC LIBRARY 196 E. 4TH STREET MINSTER, OH 45865	34-1788090	501(C)(3)	2,000.	0.			F. J. STALLO LIBRARY PURPOSES
F. J. STALLO PUBLIC LIBRARY 196 E. 4TH STREET MINSTER, OH 45865	34-1788090	501(C)(3)	2,000.	0.			F. J. STALLO LIBRARY PURPOSES
F. J. STALLO PUBLIC LIBRARY 196 E. 4TH STREET MINSTER, OH 45865	34-1788090	501(C)(3)	2,000.	0.			F. J. STALLO LIBRARY PURPOSES
F. J. STALLO PUBLIC LIBRARY 196 E. 4TH STREET MINSTER, OH 45865	34-1788090	501(C)(3)	2,000.	0.			F. J. STALLO LIBRARY PURPOSES
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	2,000.	0.			BUILDING FUND
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	500.	0.			GENERAL SUPPORT
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	1,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	20,000.	0.		EXPANSION PROJECT	
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	10,000.	0.		GENERAL SUPPORT	
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	5,000.	0.		EXPANSION PROJECT 2018-2020	
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	500.	0.		GENERAL SUPPORT	
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	100,000.	0.		RENOVATION AND CONSTRUCTION OF NEW BUILDING	
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	5,000.	0.		BUILDING PROJECT	
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	954.	0.		GENERAL SUPPORT	
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	5,000.	0.		COVID-19 FUNDRAISING REPLACEMENT GRANT	
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	15,056.	0.		CHILDREN'S READING ROOM IMO LUCIA HOBERT BRAVO	

Schedule I (Form 990) **THE TROY FOUNDATION**
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	500.	0.			NEW BUILDING
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	250.	0.			GENERAL SUPPORT
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	15,000.	0.			EXPANSION PROJECT
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	5,000.	0.			TO ASSIST WITH RENT AND UTILITIES
FIFTH THIRD BANK P.O. BOX 740789 CINCINNATI, OH 45274-0789			976.	0.			LINCOLN COMMUNITY CENTER BACK TO SCHOOL SUPPLIES
FIFTH THIRD BANK P.O. BOX 740789 CINCINNATI, OH 45274-0789			225.	0.			TO GO SUPPLIES - ACCOUNT ENDING IN #2076
FIFTH THIRD BANK P.O. BOX 740789 CINCINNATI, OH 45274-0789			5,120.	0.			COVID CHARGES, ACCT #4445-6179-0247-1933
FIFTH THIRD BANK P.O. BOX 740789 CINCINNATI, OH 45274-0789			75.	0.			TO GO CONTAINERS - ACCT #4445-6179-0247-1933
FIFTH THIRD BANK P.O. BOX 740789 CINCINNATI, OH 45274-0789			448.	0.			SANTA BREAKFAST EXPENSES

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Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	3,500.	0.			GENERAL SUPPORT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	100.	0.			GENERAL SUPPORT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	100.	0.			GENERAL SUPPORT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	100.	0.			GENERAL SUPPORT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	100.	0.			GENERAL SUPPORT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	100.	0.			GENERAL SUPPORT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	100.	0.			GENERAL SUPPORT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	100.	0.			GENERAL SUPPORT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	3,000.	0.			GENERAL SUPPORT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	100.	0.			GENERAL SUPPORT

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Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	250.	0.			GENERAL SUPPORT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	100.	0.			GENERAL SUPPORT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	100.	0.			GENERAL SUPPORT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	100.	0.			GENERAL SUPPORT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	100.	0.			GENERAL SUPPORT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	4,000.	0.			EMERGENCY REQUEST
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	2,000.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	100.	0.			GENERAL SUPPORT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	250.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 PLACE FOOD PANTRY, INC. 721 LINCOLN AVENUE TROY, OH 45373	47-0994740	501(C)(3)	250.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 S. WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	4,763.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 S. WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	800.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 S. WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	800.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 S. WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	800.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 S. WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	800.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 S. WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	800.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 S. WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	800.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 S. WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	800.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 S. WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	800.	0.			GENERAL SUPPORT

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 PRESBYTERIAN CHURCH 20 S. WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	800.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 S. WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	10,500.	0.			2020 CONTRIBUTION
FIRST PRESBYTERIAN CHURCH 20 S. WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	800.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 S. WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	800.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 S. WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	800.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 S. WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	800.	0.			GENERAL SUPPORT
FIRST UNITED CHURCH OF CHRIST 120 S. MARKET STREET TROY, OH 45373	13-1957221	501(C)(3)	3,800.	0.			GENERAL SUPPORT
FIRST UNITED CHURCH OF CHRIST 120 S. MARKET STREET TROY, OH 45373	13-1957221	501(C)(3)	5,000.	0.			LINCOLN COMMUNITY CENTER BUILDING PROJECT
FIRST UNITED CHURCH OF CHRIST 120 S. MARKET STREET TROY, OH 45373	13-1957221	501(C)(3)	2,594.	0.			GENERAL SUPPORT - WALPOLE

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 CHURCH OF CHRIST 120 S. MARKET STREET TROY, OH 45373	13-1957221	501(C)(3)	500.	0.			BACKPACK PROGRAM
FIRST UNITED CHURCH OF CHRIST 120 S. MARKET STREET TROY, OH 45373	13-1957221	501(C)(3)	3,800.	0.			GENERAL SUPPORT - ROBINSON
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	700.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	700.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	700.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	700.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	1,622.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	2,000.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	741.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	2,000.	0.			CESAR NICARAGUA CLINIC
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	6,898.	0.			GIFT FROM TOM HAYDON STOCK
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	700.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	700.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	700.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	700.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	1,308.	0.			SUPPORT FOR REGULAR PROGRAMMING
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	700.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	11,895.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	700.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	700.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	785.	0.			CAPITAL PROJECTS FOR THE CHURCH AND FIRST PLACE
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	700.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	209.	0.			SUPPORT FOR CHRISTMAS MISSIONS
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	815.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	1,000.	0.			GENERAL SUPPORT
FISH OF TROY, INC. P.O. BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	5,000.	0.			GENERAL SUPPORT
FISH OF TROY, INC. P.O. BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	1,000.	0.			GENERAL SUPPORT

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FISH OF TROY, INC. P.O. BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	523.	0.			GENERAL SUPPORT
FISH OF TROY, INC. P.O. BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	5,000.	0.			TO ASSIST WITH RENT AND UTILITIES
FISH OF TROY, INC. P.O. BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	10,000.	0.			TRANSFER TO MAINTAIN MINIMUM BALANCE IN CHECKING
FISH OF TROY, INC. P.O. BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	1,000.	0.			GENERAL SUPPORT
FISH OF TROY, INC. P.O. BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	250.	0.			GENERAL SUPPORT
FISH OF TROY, INC. P.O. BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	200.	0.			GENERAL SUPPORT
FISH OF TROY, INC. P.O. BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	5,000.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
FISH OF TROY, INC. P.O. BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	2,000.	0.			GENERAL SUPPORT
FISH OF TROY, INC. P.O. BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	250.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) **THE TROY FOUNDATION**
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FISHTOWN PRESERVATION SOCIETY P.O. BOX 721 LELAND, MI 49654	38-3621736	501(C)(3)	200.	0.			GENERAL SUPPORT
FISHTOWN PRESERVATION SOCIETY P.O. BOX 721 LELAND, MI 49654	38-3621736	501(C)(3)	500.	0.			ANCHOR RENEWAL
FISHTOWN PRESERVATION SOCIETY P.O. BOX 721 LELAND, MI 49654	38-3621736	501(C)(3)	10,000.	0.			CAMPAIGN FOR FISHTOWN
FRIENDS OF HAYNER, INC. 301 W. MAIN STREET TROY, OH 45373	31-1081395	501(C)(3)	523.	0.			GENERAL SUPPORT
FRIENDS OF HAYNER, INC. 301 W. MAIN STREET TROY, OH 45373	31-1081395	501(C)(3)	2,000.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
FRIENDS OF HAYNER, INC. 301 W. MAIN STREET TROY, OH 45373	31-1081395	501(C)(3)	500.	0.			GENERAL SUPPORT
FRIENDS OF HAYNER, INC. 301 W. MAIN STREET TROY, OH 45373	31-1081395	501(C)(3)	4,850.	0.			PROPERTY IMPROVEMENT AND MAINTENANCE
FRIENDS OF HAYNER, INC. 301 W. MAIN STREET TROY, OH 45373	31-1081395	501(C)(3)	12,000.	0.			GENERAL SUPPORT
FRIENDS OF HAYNER, INC. 301 W. MAIN STREET TROY, OH 45373	31-1081395	501(C)(3)	100.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FRIENDS OF HAYNER, INC. 301 W. MAIN STREET TROY, OH 45373	31-1081395	501(C)(3)	1.00.	0.			ANNUAL MEMBERSHIP
FRIENDS OF HAYNER, INC. 301 W. MAIN STREET TROY, OH 45373	31-1081395	501(C)(3)	200.	0.			GENERAL SUPPORT
GINGHAMSBURG CHURCH 6759 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-0808339	501(C)(3)	750.	0.			GENERAL SUPPORT
GINGHAMSBURG CHURCH 6759 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-0808339	501(C)(3)	750.	0.			GENERAL SUPPORT
GINGHAMSBURG CHURCH 6759 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-0808339	501(C)(3)	8,000.	0.			GENERAL SUPPORT
GINGHAMSBURG CHURCH 6759 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-0808339	501(C)(3)	15,000.	0.			GENERAL FUND & MIRACLE OFFERING
GINGHAMSBURG CHURCH 6759 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-0808339	501(C)(3)	8,000.	0.			GENERAL SUPPORT
GINGHAMSBURG CHURCH 6759 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-0808339	501(C)(3)	750.	0.			GENERAL SUPPORT
GINGHAMSBURG CHURCH 6759 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-0808339	501(C)(3)	750.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
GINGHAMSBURG CHURCH 6759 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-0808339	501(C)(3)	8,000.	0.			GENERAL SUPPORT
GIRL SCOUTS OF WESTERN OHIO-DAYTON 450 SHOUP MILL ROAD DAYTON, OH 45415	31-0679091	501(C)(3)	5,000.	0.			TROY GIRL SCOUT PROGRAMMING
GOD'S TREASURES P.O. BOX 578 WORTH, IL 60482	45-2470867	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	250.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	3,000.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	250.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	3,000.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	30,000.	0.			OPERATIONAL EXPENSES
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	3,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	12,000.	0.			COVID-19 SURVIVOR SUPPORT RELIEF
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	157.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	16,755.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	1,593.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	1,500.	0.			TAKE HOME KITS FOR PATRONS
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	30,000.	0.			OPERATIONAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	780.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	30,000.	0.			PROGRAM EXPENSES
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	2,000.	0.			GENERAL SUPPORT

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Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	5,000.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	1,000.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	500.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	500.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	50.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	4,450.	0.			HEALTH & HUMAN SERVICES
HEALTH PARTNERS FREE CLINIC 1300 N. COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	250.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	3,000.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	662.	0.			GENERAL SUPPORT

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Schedule I (Form 990) **THE TROY FOUNDATION**
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	100.	0.			GENERAL SUPPORT IMO RUTH KOVERMAN
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	52.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	8,279.	0.			SUPPORT FOR RESIDENTS OF MIAMI COUNTY
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	50.	0.			GENERAL SUPPORT IMO RUTH KOVERMAN
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	1,149.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	5,000.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	4,763.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	250.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	500.	0.			GENERAL SUPPORT IMO JOEL WALKER

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Schedule I (Form 990) **THE TROY FOUNDATION**
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	642.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	923.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	18,814.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	50,000.	0.			HOSPICE HOUSE
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	500.	0.			NEW BUILDING
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	242.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	8,665.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	100.	0.			GENERAL SUPPORT - IMO MABEL CAIN
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	642.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	18,814.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	40.	0.			GENERAL SUPPORT - IWO JEAN REDINBO
HOSPICE OF MIAMI COUNTY, INC. 3230 N. COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	7,500.	0.			FUNDRAISING EXPENSES DUE TO COVID-19
ISAIAH'S PLACE, INC. 61 S. STANFIELD ROAD TROY, OH 45373	01-0779327	501(C)(3)	3,500.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
ISAIAH'S PLACE, INC. 61 S. STANFIELD ROAD TROY, OH 45373	01-0779327	501(C)(3)	7,550.	0.			BACKGROUND CHECK FINGER PRINTING SERVICES
ISAIAH'S PLACE, INC. 61 S. STANFIELD ROAD TROY, OH 45373	01-0779327	501(C)(3)	1,976.	0.			CARE COMMUNITY TRAINING
ISAIAH'S PLACE, INC. 61 S. STANFIELD ROAD TROY, OH 45373	01-0779327	501(C)(3)	5,000.	0.			TRUST-BASED RELATIONAL INTERVENTION
ISAIAH'S PLACE, INC. 61 S. STANFIELD ROAD TROY, OH 45373	01-0779327	501(C)(3)	756.	0.			MUSIC AND ART THERAPY TOOLS
ISAIAH'S PLACE, INC. 61 S. STANFIELD ROAD TROY, OH 45373	01-0779327	501(C)(3)	2,500.	0.			EXPRESSIVE THERAPIES THERAPEUTIC TOOLS

Schedule I (Form 990)

Schedule I (Form 990) **THE TROY FOUNDATION**
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ISAIAH'S PLACE, INC. 61 S. STANFIELD ROAD TROY, OH 45373	01-0779327	501(C)(3)	8,500.	0.			TABLETS, SAFETY EQUIPMENT AND AIR SCRUBBERS
JOSHUA RECOVERY MINISTRIES, INC. 3902 PEPPER TREE COURT DAYTON, OH 45424	26-1584204	501(C)(3)	20,000.	0.			TROY HOUSE SUPPORT
JOSHUA RECOVERY MINISTRIES, INC. 3902 PEPPER TREE COURT DAYTON, OH 45424	26-1584204	501(C)(3)	20,000.	0.			TROY HOUSE SUPPORT
JUNIOR ACHIEVEMENT OF OKI PARTNERS, INC. - 120 W. SECOND STREET, SUITE 316 - DAYTON, OH 45402	32-0014307	501(C)(3)	7,600.	0.			VAN CLEVE EMPOWER STUDENTS PROGRAM
KIDS READ NOW, INC. 155 MARYBILL DRIVE S. TROY, OH 45373	45-3504550	501(C)(3)	13,680.	0.			SUMMER READING PROGRAM FOR PSS, NYC
KIWANIS CLUB OF PIQUA K02086 P.O. BOX 738 PIQUA, OH 45356	31-6039494	501(C)(3)	15,024.	0.			GENERAL SUPPORT FOR PROJECTS IN PIQUA, OHIO
KIWANIS CLUB OF TROY, INC. P.O. BOX 830 TROY, OH 45373	31-0708676	501(C)(3)	5,000.	0.			SUPPORT FOR THE TROY EMERGENCY FUND
LEELANAU COMMUNITY CULTURAL CENTER P.O. BOX 883 LELAND, MI 49654	38-3052356	501(C)(3)	10,000.	0.			OLD ART BLDG. - BUILDING CAMPAIGN
LEELANAU COMMUNITY CULTURAL CENTER P.O. BOX 883 LELAND, MI 49654	38-3052356	501(C)(3)	100.	0.			OLD ART BLDG. MEMBERSHIP

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Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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)	5,000.	0.			ANNUAL FUND CAMPAIGN
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	10,000.	0.			LEARN, LIVE, LOVE LEHMAN SCHOLARSHIP FUND
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	550.	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.			HIGH SCHOOL ANNUAL FUND
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	490.	0.			GENERAL SUPPORT
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	20,000.	0.			ANNUAL FUND DRIVE
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	500.	0.			GENERAL SUPPORT
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	500.	0.			GENERAL SUPPORT - IMO CLIFF HOYING
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	100.	0.			HIGH SCHOOL ART DEPARTMENT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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)	500.	0.			GENERAL SUPPORT
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	20,000.	0.			DAMASCUS/ANNUAL FUND
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	500,000.	0.			NEW BUILDING FUND
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	10,180.	0.			HANDICAP POOL LIFT IMO ROBERT BARRETT BRAVO
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	5,000.	0.			LEGACY CAMPAIGN
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,377.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	1,000.	0.			LEGACY CHALLENGE
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	300.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	25,974.	0.			BUILDING PROJECT

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Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	5,000.	0.			BUILDING PROJECT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	43,233.	0.			AFTER SCHOOL ENRICHMENT PROGRAM
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,377.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	50.	0.			PASS THROUGH DONATION FROM COFFIELD
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	20,000.	0.			LEGACY CAMPAIGN
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,377.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	1,000.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	500.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	3,000.	0.			COMMUNITY CENTER GARDEN AND CLASSES

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Schedule I (Form 990) THE TROY FOUNDATION
 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	500.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,377.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	1,000.	0.			BUILDING FUND DONATION
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	750.	0.			SUPPLIES FOR COMMUNITY THANKSGIVING DINNER
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,377.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	500.	0.			BUILDING FUND - TECH ROOM ADDITION
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	1,000.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	12,307.	0.			BUILDING FUND DONATION MATCH
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,377.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES

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THE TROY FOUNDATION
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	75.	0.		GENERAL SUPPORT	
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	2,000.	0.		BUILDING FUND	
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	500,000.	0.		NEW BUILDING FUND	
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	100.	0.		PASS TROUGH DONATION	
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,377.	0.		GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES	
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	3,500.	0.		COVID-19 FUNDRAISING REPLACEMENT GRANT	
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,377.	0.		GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES	
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	1,750.	0.		BUILDING PROJECT	
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	100.	0.		GENERAL SUPPORT IMO JAMES WITMER	

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,377.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	19,615.	0.			BUILDING FUND DONATION MATCH
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	2,000.	0.			BUILDING CAMPAIGN
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	4,850.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,377.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	5,000.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,377.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	27,700.	0.			SUMMER LUNCHESES 2020
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	25,000.	0.			SECOND TIER DEVELOPMENT

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THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,377.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINWORTH BAPTIST CHURCH 6200 LINWORTH ROAD WORTHINGTON, OH 43085		501(C)(3)	10,000.	0.			GENERAL FUND
MAJOR SCULPTURE 3865 W. US HIGHWAY 36 URBANA, OH 43078			10,000.	0.			FINAL PAYMENT FOR SCULPTURE
MAPLE TREE CANCER ALLIANCE 425 N. FINDLAY STREET DAYTON, OH 45404	27-4113397	501(C)(3)	7,500.	0.			MAPLE TREE ALLIANCE AT TROY KETTERING HOSPITAL
MIAMI COUNTY AGRICULTURAL SOCIETY 650 N. COUNTY ROAD 25A TROY, OH 45373	31-0512071	501(C)(3)	10,000.	0.			2020 MIAMI COUNTY FAIR CONCERT
MIAMI COUNTY AGRICULTURAL SOCIETY 650 N. COUNTY ROAD 25A TROY, OH 45373	31-0512071	501(C)(3)	500.	0.			LEADERSHIP FUND
MIAMI COUNTY COMMISSIONERS 201 W. MAIN STREET TROY, OH 45373	31-6000055	501(C)(3)	5,574.	0.			PLAZA DEDICATION
MIAMI COUNTY COMMISSIONERS 201 W. MAIN STREET TROY, OH 45373	31-6000055	501(C)(3)	5,574.	0.			COURTHOUSE PLAZA DEDICATION
MIAMI COUNTY CONTINUUM OF CARE 180 E. RACE STREET TROY, OH 45373	27-2135208	501(C)(3)	27,000.	0.			TRANSPORTATION; BUSINESS AND INDUSTRY

Schedule I (Form 990) **THE TROY FOUNDATION**
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	50.	0.			GENERAL SUPPORT
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	500.	0.			TRAVELING SMILES, MIAMI COUNTY PORTABLE DENTISTRY
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	5,000.	0.			GENERAL SUPPORT
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	5,000.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	2,000.	0.			TRAVELING SMILES PORTABLE DENTISTRY
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	15,000.	0.			OPERATIONAL EXPENSES
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	3,000.	0.			UNSOLICITED FUNDING
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	5,000.	0.			DENTAL DIRECT PROGRAM
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	250.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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)	32,864.	0.			THE OHIO STATE DENTISTRY STUDENT INTERNSHIP
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	4,450.	0.			HEALTH & HUMAN SERVICES
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	2,000.	0.			TRAVELING SMILES
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	250.	0.			GENERAL SUPPORT
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	200.	0.			GIVE WHERE YOU LIVE "GWYL"
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	3,000.	0.			GENERAL SUPPORT
MIAMI COUNTY JUNIOR FAIR 650 N. COUNTY ROAD 25A TROY, OH 45373	31-0512071	501(C)(3)	8,279.	0.			GENERAL SUPPORT
MIAMI COUNTY LOCAL FOOD COUNCIL P.O. BOX 334 TROY, OH 45373	81-3339080	501(C)(3)	5,000.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
MIAMI COUNTY LOCAL FOOD COUNCIL P.O. BOX 334 TROY, OH 45373	81-3339080	501(C)(3)	7,250.	0.			FARMERS MARKET

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Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 COUNTY PARK DISTRICT 2645 E. STATE ROUTE 41 TROY, OH 45373	31-6000055	501(C)(3)	1,200.	0.			BANANA SLUGS
MIAMI COUNTY PARK DISTRICT 2645 E. STATE ROUTE 41 TROY, OH 45373	31-6000055	501(C)(3)	8,000.	0.			GENERAL SUPPORT
MIAMI COUNTY PARK DISTRICT 2645 E. STATE ROUTE 41 TROY, OH 45373	31-6000055	501(C)(3)	10,000.	0.			HUG THE EARTH WITH BANANA SLUG STRING BAND 2021
MIAMI COUNTY RECOVERY COUNCIL INC. 1059 N. MARKET STREET TROY, OH 45373	31-0917327	501(C)(3)	40,000.	0.			OPIATE EPIDEMIC SUPPORT
MIAMI COUNTY RECOVERY COUNCIL INC. 1059 N. MARKET STREET TROY, OH 45373	31-0917327	501(C)(3)	2,844.	0.			UNSOLICITED FUNDING FOR HOPE HOUSE
MIAMI COUNTY RECOVERY COUNCIL INC. 1059 N. MARKET STREET TROY, OH 45373	31-0917327	501(C)(3)	1,689.	0.			EVIDENCED-BASED TREATMENT MATERIALS
MIAMI COUNTY RECOVERY COUNCIL INC. 1059 N. MARKET STREET TROY, OH 45373	31-0917327	501(C)(3)	5,000.	0.			HOPE HOUSE SUPPORT
MIAMI COUNTY RECOVERY COUNCIL INC. 1059 N. MARKET STREET TROY, OH 45373	31-0917327	501(C)(3)	1,541.	0.			CHROMEBOOKS, ZOOM AND CLOCKTREE TELEHEALTH
MIAMI COUNTY SHERIFF'S DEPARTMENT 201 W. MAIN STREET TROY, OH 45373	31-6000055	501(C)(3)	25,000.	0.			BODY CAM PROJECT

Schedule I (Form 990)

Schedule I (Form 990) **THE TROY FOUNDATION**
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 COUNTY YMCA 223 W. HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	157.	0.			GENERAL SUPPORT
MIAMI COUNTY YMCA 223 W. HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	1,500.	0.			ANNUAL FINANCIAL ASSISTANCE PROGRAM
MIAMI COUNTY YMCA 223 W. HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	4,401.	0.			SUPPORT FOR MEMBERSHIP FUND
MIAMI COUNTY YMCA 223 W. HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	250.	0.			ANNUAL SUPPORT CAMPAIGN
MIAMI COUNTY YMCA 223 W. HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	500.	0.			GENERAL SUPPORT
MIAMI COUNTY YMCA 223 W. HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	2,165.	0.			SUPPORT FOR GROUNDS MAINTENANCE
MIAMI EAST ATHLETIC DEPARTMENT 3925 N. STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	5,110.	0.			REIMBURSEMENT - UNIFORMS & WATCHES
MIAMI EAST ATHLETIC DEPARTMENT 3925 N. STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	2,000.	0.			JUNIOR HIGH FOOTBALL UNIFORMS
MIAMI EAST ATHLETIC DEPARTMENT 3925 N. STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	1,506.	0.			FOOTBALL TACKLE SLED

Schedule I (Form 990)

Schedule I (Form 990) **THE TROY FOUNDATION**
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MIAMI EAST LOCAL SCHOOLS 3825 N. STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	4,486.	0.			SUPPORT FOR SCHOOL STAFF COVID-19 NEEDS
MIAMI EAST LOCAL SCHOOLS 3825 N. STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	1,070.	0.			4TH GRADE SCIENCE ENRICHMENT
MIAMI EAST LOCAL SCHOOLS 3825 N. STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	500.	0.			TITLE I / READING INTERVENTION
MIAMI VALLEY COUNCIL BOY SCOUTS OF AMERICA - 7285 POE AVENUE - DAYTON, OH 45414	31-0537124	501(C)(3)	646.	0.			BENEFIT SCOUTS WITHIN BOUNDARIES OF TROY SCHOOL SYSTEM
MIAMI VALLEY COUNCIL BOY SCOUTS OF AMERICA - 7285 POE AVENUE - DAYTON, OH 45414	31-0537124	501(C)(3)	524.	0.			SUPPORT FOR ST. PARIS COMMUNITY PROJECTS
MIAMI VALLEY COUNCIL BOY SCOUTS OF AMERICA - 7285 POE AVENUE - DAYTON, OH 45414	31-0537124	501(C)(3)	7,500.	0.			TROY SCOUTING
MIAMI VALLEY VETERANS MUSEUM 2245 S. COUNTY ROAD 25A TROY, OH 45373	27-2517593	501(C)(3)	256.	0.			REIMBURSEMENT FOR BUILDING SUPPLIES
MIAMI VALLEY VETERANS MUSEUM 2245 S. COUNTY ROAD 25A TROY, OH 45373	27-2517593	501(C)(3)	5,794.	0.			REIMBURSEMENT FOR LAND CONTRACT PAYMENT
MIAMI VALLEY VETERANS MUSEUM 2245 S. COUNTY ROAD 25A TROY, OH 45373	27-2517593	501(C)(3)	1,651.	0.			SUPPLIES FOR THE COVID-19 MASK PROJECT

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MIAMI VALLEY VETERANS MUSEUM 2245 S. COUNTY ROAD 25A TROY, OH 45373	27-2517593	501(C)(3)	2,600.	0.			MUSEUM MOVE
MIAMI VALLEY VETERANS MUSEUM 2245 S. COUNTY ROAD 25A TROY, OH 45373	27-2517593	501(C)(3)	4,612.	0.			REIMBURSEMENT SUPPLIES
MIAMI VALLEY VETERANS MUSEUM 2245 S. COUNTY ROAD 25A TROY, OH 45373	27-2517593	501(C)(3)	16,267.	0.			MUSEUM RENOVATION EXPENSES
MIAMI VALLEY VETERANS MUSEUM 2245 S. COUNTY ROAD 25A TROY, OH 45373	27-2517593	501(C)(3)	1,000.	0.			CAPITAL CAMPAIGN
NATIONAL INVENTORS HALL OF FAME 3701 HIGHLAND PARK NW NORTH CANTON, OH 44720-4535	34-1580038	501(C)(3)	5,000.	0.			CAMP INVENTION 2020 STEM PROGRAM
NEEDY BASKET OF S.ERN MIAMI COUNTY, INC. - 330 S. FIFTH STREET - TIPP CITY, OH 45371	31-1190924	501(C)(3)	5,000.	0.			HOLIDAY PROGRAM
NEEDY BASKET OF S.ERN MIAMI COUNTY, INC. - 330 S. FIFTH STREET - TIPP CITY, OH 45371	31-1190924	501(C)(3)	1,000.	0.			UNSOLICITED FUNDING
NEEDY BASKET OF S.ERN MIAMI COUNTY, INC. - 330 S. FIFTH STREET - TIPP CITY, OH 45371	31-1190924	501(C)(3)	400.	0.			GENERAL SUPPORT
NEEDY BASKET OF S.ERN MIAMI COUNTY, INC. - 330 S. FIFTH STREET - TIPP CITY, OH 45371	31-1190924	501(C)(3)	500.	0.			HOLIDAY PROGRAM

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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NEEDY BASKET OF S.ERN MIAMI COUNTY, INC. - 330 S. FIFTH STREET - TIPP CITY, OH 45371	31-1190924	501(C)(3)	2,500.	0.			COVID-19 RESPONSE SUPPLEMENT
NEEDY BASKET OF S.ERN MIAMI COUNTY, INC. - 330 S. FIFTH STREET - TIPP CITY, OH 45371	31-1190924	501(C)(3)	1,000.	0.			TO ASSIST IN THE PURCHASE OF FOOD DURING COVID-19
NETDEMICS, LLC 2544 TECHNICAL DRIVE MIAMISBURG, OH 45342			11,951.	0.			INVOICE #0005825 COMPUTERS AND SOFTWARE
NEW CREATION COUNSELING CENTER 7695 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-1409864	501(C)(3)	11,000.	0.			EXPANSION OF REMOTE SERVER
NEW CREATION COUNSELING CENTER 7695 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-1409864	501(C)(3)	10,000.	0.			COUNSELING AND PSYCHIATRY SERVICES
NEW CREATION COUNSELING CENTER 7695 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-1409864	501(C)(3)	10,000.	0.			COUNSELING & PSYCHIATRY TREATMENT
NEW PATH, INC. 7695 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-1710997	501(C)(3)	2,000.	0.			MATERIALS FOR DRIVE UP PANTRY DURING COVID-19
NEW PATH, INC. 7695 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-1710997	501(C)(3)	1,500.	0.			PANTRYTRAC INTEGRATION PROJECT
NEW PATH, INC. 7695 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-1710997	501(C)(3)	750.	0.			GENERAL SUPPORT

Schedule I (Form 990) **THE TROY FOUNDATION**
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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NEW PATH, INC. 7695 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-1710997	501(C)(3)	750.	0.			GENERAL SUPPORT
NEW PATH, INC. 7695 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-1710997	501(C)(3)	750.	0.			GENERAL SUPPORT
NEW PATH, INC. 7695 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-1710997	501(C)(3)	500.	0.			PURCHASE OF BATHROOM SAFETY EQUIPMENT - GIVE
NEW PATH, INC. 7695 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-1710997	501(C)(3)	5,000.	0.			TO ASSIST WITH RENT AND UTILITIES
NEW PATH, INC. 7695 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-1710997	501(C)(3)	750.	0.			GENERAL SUPPORT
NEW PATH, INC. 7695 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-1710997	501(C)(3)	1,000.	0.			GENERAL SUPPORT
NEW PATH, INC. 7695 S. COUNTY ROAD 25A TIPP CITY, OH 45371	31-1710997	501(C)(3)	750.	0.			GENERAL SUPPORT
NORTH COLLEGE HILL SCHOLARSHIP FOUNDATION - 1731 GOODMAN AVENUE - CINCINNATI, OH 45239 NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION INC - 4001 WAKEFIELD CHAPEL ROAD, SUITE 252 - ANNANDALE, VA 22003	20-0984093	501(C)(3)	6,000.	0.			MIKE AND CAROLYN SLAUGHTER SCHOLARSHIP
	51-0249730	501(C)(3)	5,000.	0.			GENERAL SCHOLARSHIP FUND IMO MARY D. HANRAHAN

Schedule I (Form 990)

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OHIO COUNCIL OF DELIBERATION SCHOLARSHIP FUND - 3490 EDGEVIEW DRIVE - CINCINNATI, OH 45213-2023	32-0247237	501(C)(3)	30,290.	0.			PERLEMA AND GRACE SEWELL SCHOLARSHIP
OREGON PRINTING 29 N. JUNE STREET DAYTON, OH 45403			14,084.	0.			PRINTING AND HANDLING OF 2019 ANNUAL REPORT
OREGON PRINTING 29 N. JUNE STREET DAYTON, OH 45403			983.	0.			BETHEL END OF YEAR MAILING - INVOICE #68158
OREGON PRINTING 29 N. JUNE STREET DAYTON, OH 45403			2,430.	0.			TIPP CITY END OF YEAR MAILING - INVOICE #68159
OSU EXTENSION/MIAMI COUNTY 201 W. MAIN STREET TROY, OH 45373	31-6025986	501(C)(3)	16,437.	0.			FOOD INSECURITY COMMUNITY GARDEN
OVERFIELD TAVERN MUSEUM 201 E. WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	4,000.	0.			GENERAL SUPPORT
OVERFIELD TAVERN MUSEUM 201 E. WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	500.	0.			GENERAL SUPPORT
OVERFIELD TAVERN MUSEUM 201 E. WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	4,000.	0.			GENERAL SUPPORT
OVERFIELD TAVERN MUSEUM 201 E. WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	13,200.	0.			MUSEUM EXHIBIT OF EARLY TROY HISTORY

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Schedule I (Form 990) THE TROY FOUNDATION

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OVERFIELD TAVERN MUSEUM 201 E. WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	500.	0.			GENERAL SUPPORT
OVERFIELD TAVERN MUSEUM 201 E. WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	4,000.	0.			GENERAL SUPPORT
OVERFIELD TAVERN MUSEUM 201 E. WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	500.	0.			GENERAL SUPPORT
OVERFIELD TAVERN MUSEUM 201 E. WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	4,000.	0.			GENERAL SUPPORT
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	3,500.	0.			GENERAL SUPPORT
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	75.	0.			GENERAL SUPPORT
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	3,000.	0.			GENERAL SUPPORT
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	5,000.	0.			TO ASSIST WITH RENT AND UTILITIES
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	2,495.	0.			SOFTWARE FOR VIRTUAL EVENTS
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	250.	0.			GENERAL SUPPORT
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	500.	0.			GENERAL SUPPORT
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	4,450.	0.			SOCIAL SERVICES
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	2,000.	0.			GENERAL SUPPORT
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	300.	0.			GENERAL SUPPORT
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	5,000.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	2,000.	0.			GENERAL SUPPORT
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	-163.	0.			CHRISTMAS SHOES

Schedule I (Form 990)

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PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	-12,770.	0.			A PLACE FOR HOPE FINAL PROJECT
PARTNERS IN HOPE 180 E. RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	30,000.	0.			DEVELOPMENT AND EDUCATION PROGRAMS
PINK RIBBON GIRLS, INC. P.O. BOX 224 TIPP CITY, OH 45371	32-0020270	501(C)(3)	5,000.	0.			GENERAL SUPPORT
PINK RIBBON GIRLS, INC. P.O. BOX 224 TIPP CITY, OH 45371	32-0020270	501(C)(3)	250.	0.			GENERAL SUPPORT
PINK RIBBON GIRLS, INC. P.O. BOX 224 TIPP CITY, OH 45371	32-0020270	501(C)(3)	5,760.	0.			4 WEEKS OF ADDITIONAL TROY MEALS
PINK RIBBON GIRLS, INC. P.O. BOX 224 TIPP CITY, OH 45371	32-0020270	501(C)(3)	100,000.	0.			LEGACY
PINK RIBBON GIRLS, INC. P.O. BOX 224 TIPP CITY, OH 45371	32-0020270	501(C)(3)	100.	0.			GENERAL SUPPORT
PINK RIBBON GIRLS, INC. P.O. BOX 224 TIPP CITY, OH 45371	32-0020270	501(C)(3)	2,000.	0.			GENERAL SUPPORT
PINK RIBBON GIRLS, INC. P.O. BOX 224 TIPP CITY, OH 45371	32-0020270	501(C)(3)	300,000.	0.			LEGACY PAYMENT

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PINK RIBBON GIRLS, INC. P.O. BOX 224 TIPP CITY, OH 45371	32-0020270	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PREVENT BLINDNESS OHIO 313 S. JEFFERSON STREET, SUITE 200 DAYTON, OH 45402	31-6063433	501(C)(3)	5,000.	0.			VISION CARE OUTREACH PROGRAM IN MIAMI COUNTY
READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	35.	0.			GENERAL SUPPORT
READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	35.	0.			GENERAL SUPPORT
READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	35.	0.			GENERAL SUPPORT
READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	4,790.	0.			LITERACY CURRICULUM, SUMMER PROGRAM
READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	100.	0.			GENERAL SUPPORT
READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	35.	0.			GENERAL SUPPORT
READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	35.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	100.	0.			GENERAL SUPPORT
READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	35.	0.			GENERAL SUPPORT
READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	35.	0.			GENERAL SUPPORT
READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	800.	0.			ASSISTANCE WITH FOOD AND ACTIVITY PACKETS
READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	35.	0.			GENERAL SUPPORT
READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	629.	0.			FUN WITH READING AND LEADING
READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	35.	0.			GENERAL SUPPORT
READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	35.	0.			GENERAL SUPPORT
READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	2,000.	0.			COVID CLEANING COST

Schedule I (Form 990)

Schedule I (Form 990) **THE TROY FOUNDATION**
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READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	35.	0.			GENERAL SUPPORT
READING FOR CHANGE 1310 PINE STREET TROY, OH 45373	47-4043315	501(C)(3)	35.	0.			GENERAL SUPPORT
REHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOOL - 1306 GARRBY ROAD - PIQUA, OH 45356-8219	23-7202001	501(C)(3)	6,696.	0.			EEG NEUROFEEDBACK PROGRAM WITH SOFTWARE
REHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOOL - 1306 GARRBY ROAD - PIQUA, OH 45356-8219	23-7202001	501(C)(3)	15,024.	0.			GENERAL SUPPORT FOR PROJECTS IN PIQUA, OHIO
REHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOOL - 1306 GARRBY ROAD - PIQUA, OH 45356-8219	23-7202001	501(C)(3)	500.	0.			AQUATIC CENTER EQUIPMENT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II THE TROY FOUNDATION
Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	9,000.	0.			LUNCH PROGRAM
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	90,870.	0.			REPAIR, MAINT & GENERAL UPKEEP OF CHURCH/PARSONAGE
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	750.	0.			ASSISTANCE WITH LUNCH PROGRAM EXPENSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	500.	0.			LUNCH PROGRAM
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL OHIO - 711 E. LIVINGSTON AVENUE - COLUMBUS, OH 43205	31-0890152	501(C)(3)	5,000.	0.			OPERATING EXPENSES FOR MIAMI COUNTY PATIENTS
RONALD MCDONALD HOUSE CHARITIES OF THE MIAMI VALLEY REGION INC. - 555 VALLEY STREET - DAYTON, OH 45404	31-0964793	501(C)(3)	5,000.	0.			KEEPING FAMILIES CLOSE
RONALD MCDONALD HOUSE CHARITIES OF THE MIAMI VALLEY REGION INC. - 555 VALLEY STREET - DAYTON, OH 45404	31-0964793	501(C)(3)	1,000.	0.			KEEPING FAMILIES CLOSE PROGRAM
RT INDUSTRIES 110 FOSS WAY TROY, OH 45373	31-0855035	501(C)(3)	2,000.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
RT INDUSTRIES 110 FOSS WAY TROY, OH 45373	31-0855035	501(C)(3)	1,800.	0.			PURCHASE OF SUPPLIES NEEDED FOR RT RESTART
RT INDUSTRIES 110 FOSS WAY TROY, OH 45373	31-0855035	501(C)(3)	15,000.	0.			NEW VEHICLES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
RT INDUSTRIES 110 FOSS WAY TROY, OH 45373	31-0855035	501(C)(3)	1,500.	0.			CLEANING AND SANITATION SUPPLIES
SAFEHAVEN, INC. 633 N. WAYNE STREET PIQUA, OH 45356	31-1458088	501(C)(3)	500.	0.			FOOD PACKAGING SUPPLIES
SAFEHAVEN, INC. 633 N. WAYNE STREET PIQUA, OH 45356	31-1458088	501(C)(3)	500.	0.			FOOD AND PACKAGING SUPPLIES
SAFEHAVEN, INC. 633 N. WAYNE STREET PIQUA, OH 45356	31-1458088	501(C)(3)	500.	0.			MOBILE PROGRAM
SAFEHAVEN, INC. 633 N. WAYNE STREET PIQUA, OH 45356	31-1458088	501(C)(3)	5,000.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
SALVATION ARMY P.O. BOX 615 PIQUA, OH 45356	58-0660607	501(C)(3)	2,500.	0.			ANNUAL YEAR END GIFT
SALVATION ARMY P.O. BOX 615 PIQUA, OH 45356	58-0660607	501(C)(3)	500.	0.			GENERAL SUPPORT
SALVATION ARMY P.O. BOX 615 PIQUA, OH 45356	58-0660607	501(C)(3)	8,279.	0.			SUPPORT FOR RESIDENTS OF MIAMI COUNTY
ST. BONIFACE CHURCH 310 S. DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	400.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ST. BONIFACE CHURCH 310 S. DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	1,000.	0.			GENERAL SUPPORT
ST. BONIFACE CHURCH 310 S. DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. BONIFACE CHURCH 310 S. DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. BONIFACE CHURCH 310 S. DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. BONIFACE CHURCH 310 S. DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. BONIFACE CHURCH 310 S. DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. BONIFACE CHURCH 310 S. DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. BONIFACE CHURCH 310 S. DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. BONIFACE CHURCH 310 S. DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. BONIFACE CHURCH 310 S. DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	400.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) **THE TROY FOUNDATION**
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ST. BONIFACE CHURCH 310 S. DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. BONIFACE CHURCH 310 S. DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. BONIFACE CHURCH 310 S. DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. BONIFACE CHURCH 310 S. DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	3,000.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	13-1957221	501(C)(3)	350.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	13-1957221	501(C)(3)	350.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	13-1957221	501(C)(3)	350.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	13-1957221	501(C)(3)	350.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	13-1957221	501(C)(3)	4,296.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II THE TROY FOUNDATION
Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	13-1957221	501(C)(3)	350.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	13-1957221	501(C)(3)	350.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	13-1957221	501(C)(3)	350.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	13-1957221	501(C)(3)	350.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	13-1957221	501(C)(3)	350.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	13-1957221	501(C)(3)	350.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	13-1957221	501(C)(3)	4,000.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	13-1957221	501(C)(3)	350.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	13-1957221	501(C)(3)	350.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	2,000.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	600.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	3,000.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	600.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	518.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	1,000.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	600.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	1,200.	0.			PROJECT FOR BRUKNER NATURE CENTER
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	1,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	600.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	10,522.	0.			PURCHASE OF A NEW ORGAN
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	600.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	600.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	1,000.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	1,000.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	82,000.	0.			PURCHASE OF NEW ORGAN
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	600.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	600.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	600.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	100.	0.			CHRISTMAS GIVING
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	600.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	3,000.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	600.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	600.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 E. MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	2,500.	0.			GIVEMART FUNDRAISING SUBSCRIPTION
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	663.	0.			TO PROVIDE TUITION ASSISTANCE TO DESERVING STUDENTS
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	3,000.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	8,270.	0.			CHROMEBOOKS FOR REMOTE LEARNING
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	539.	0.			2020 APPLE GRANT AWARD
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	3,500.	0.			\$500.00 SCHOLARSHIPS FOR 7 STUDENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	200.	0.			GENERAL SUPPORT
ST. PATRICK SOUP KITCHEN 25 N. MULBERRY STREET TROY, OH 45373	30-0391714	501(C)(3)	1,000.	0.			GENERAL SUPPORT
ST. PATRICK SOUP KITCHEN 25 N. MULBERRY STREET TROY, OH 45373	30-0391714	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ST. PATRICK SOUP KITCHEN 25 N. MULBERRY STREET TROY, OH 45373	30-0391714	501(C)(3)	200.	0.			GENERAL SUPPORT
ST. PATRICK SOUP KITCHEN 25 N. MULBERRY STREET TROY, OH 45373	30-0391714	501(C)(3)	200.	0.			TO PROVIDE MEALS
ST. PATRICK SOUP KITCHEN 25 N. MULBERRY STREET TROY, OH 45373	30-0391714	501(C)(3)	300.	0.			GENERAL SUPPORT
ST. PATRICK SOUP KITCHEN 25 N. MULBERRY STREET TROY, OH 45373	30-0391714	501(C)(3)	4,000.	0.			GENERAL SUPPORT
ST. PATRICK SOUP KITCHEN 25 N. MULBERRY STREET TROY, OH 45373	30-0391714	501(C)(3)	5,000.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
ST. PATRICK SOUP KITCHEN 25 N. MULBERRY STREET TROY, OH 45373	30-0391714	501(C)(3)	250.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ST. PATRICK SOUP KITCHEN 25 N. MULBERRY STREET TROY, OH 45373	30-0391714	501(C)(3)	250.	0.			GENERAL SUPPORT
ST. PAUL'S CHURCH OF CHRIST, SIDNEY - 707 N. OHIO AVENUE - SIDNEY, OH 45365	34-4469953	501(C)(3)	3,250.	0.			GENERAL SUPPORT
ST. PAUL'S CHURCH OF CHRIST, SIDNEY - 707 N. OHIO AVENUE - SIDNEY, OH 45365	34-4469953	501(C)(3)	3,250.	0.			GENERAL SUPPORT
ST. VINCENT DEPAUL SOCIETY 409 E. MAIN STREET TROY, OH 45373	31-1011485	501(C)(3)	3,500.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
ST. VINCENT DEPAUL SOCIETY 409 E. MAIN STREET TROY, OH 45373	31-1011485	501(C)(3)	3,000.	0.			GENERAL SUPPORT
THE FUTURE BEGINS TODAY P.O. BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	25,000.	0.			GENERAL SUPPORT
THE FUTURE BEGINS TODAY P.O. BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	1,000.	0.			GENERAL SUPPORT
THE FUTURE BEGINS TODAY P.O. BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	105.	0.			GENERAL SUPPORT
THE FUTURE BEGINS TODAY P.O. BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	500.	0.			GENERAL SUPPORT

Schedule I (Form 990) **THE TROY FOUNDATION**
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE FUTURE BEGINS TODAY P.O. BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	2,000.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
THE FUTURE BEGINS TODAY P.O. BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	12,000.	0.			GENERAL SUPPORT
THE FUTURE BEGINS TODAY P.O. BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	250.	0.			GENERAL SUPPORT
THE FUTURE BEGINS TODAY P.O. BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	10,000.	0.			PROGRAMMING
THE HUMAN RACE THEATRE COMPANY 126 N. MAIN STREET, SUITE 300 DAYTON, OH 45402	31-1176135	501(C)(3)	1,000.	0.			GENERAL SUPPORT IMO MACY JANNEY
THE HUMAN RACE THEATRE COMPANY 126 N. MAIN STREET, SUITE 300 DAYTON, OH 45402	31-1176135	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY 4245 N. FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	14,000.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY, OHIO CHAPTER - 6375 RIVERSIDE DRIVE, SUITE 100 - DUBLIN, OH 43017	53-0242652	501(C)(3)	10,164.	0.			GENERAL SUPPORT
THE OHIO STATE UNIVERSITY FOUNDATION - P.O. BOX 710811 - COLUMBUS, OH 43271-0811	31-1145986	501(C)(3)	100,000.	0.			FUND #310473 - HEART & VASCULAR CENTER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE OVERFIELD SCHOOL 172 S. RIDGE AVENUE TROY, OH 45373	31-1088546	501(C)(3)	8,750.	0.			GENERAL SUPPORT
THE OVERFIELD SCHOOL 172 S. RIDGE AVENUE TROY, OH 45373	31-1088546	501(C)(3)	10,000.	0.			CAMPAGN
THE OVERFIELD SCHOOL 172 S. RIDGE AVENUE TROY, OH 45373	31-1088546	501(C)(3)	8,750.	0.			GENERAL SUPPORT
THE OVERFIELD SCHOOL 172 S. RIDGE AVENUE TROY, OH 45373	31-1088546	501(C)(3)	1,000.	0.			GENERAL SUPPORT
THE OVERFIELD SCHOOL 172 S. RIDGE AVENUE TROY, OH 45373	31-1088546	501(C)(3)	500.	0.			GALA FOR GROWTH
THE OVERFIELD SCHOOL 172 S. RIDGE AVENUE TROY, OH 45373	31-1088546	501(C)(3)	428.	0.			2020 APPLE GRANT AWARD
THE OVERFIELD SCHOOL 172 S. RIDGE AVENUE TROY, OH 45373	31-1088546	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE OVERFIELD SCHOOL 172 S. RIDGE AVENUE TROY, OH 45373	31-1088546	501(C)(3)	8,750.	0.			GENERAL SUPPORT
THE OVERFIELD SCHOOL 172 S. RIDGE AVENUE TROY, OH 45373	31-1088546	501(C)(3)	1,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE OVERFIELD SCHOOL 172 S. RIDGE AVENUE TROY, OH 45373	31-1088546	501(C)(3)	8,750.	0.			GENERAL SUPPORT
THE OVERFIELD SCHOOL 172 S. RIDGE AVENUE TROY, OH 45373	31-1088546	501(C)(3)	664.	0.			SCHOLARSHIPS FOR OVERFIELD FAMILIES
THE OVERFIELD SCHOOL 172 S. RIDGE AVENUE TROY, OH 45373	31-1088546	501(C)(3)	2,000.	0.			ANNUAL FUND GIVING
THE SINCLAIR COMMUNITY COLLEGE FOUNDATION - 444 W. THIRD STREET - DAYTON, OH 45402-1460	23-7032312	501(C)(3)	10,000.	0.			STUDENT SCHOLARSHIPS
THEATRE WASHINGTON 1825 CONNECTICUT AVENUE NW, SUITE 1 WASHINGTON, DC 20009	52-1317562	501(C)(3)	5,000.	0.			TAKING CARE FUND - COVID 19 RELIEF
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DRIVE TIPP CITY, OH 45371	31-6000983	501(C)(3)	300.	0.			TIPP TINY HOUSE
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DRIVE TIPP CITY, OH 45371	31-6000983	501(C)(3)	2,000.	0.			DAYTON LITERARY PEACE PRIZE AUTHOR VISIT
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DRIVE TIPP CITY, OH 45371	31-6000983	501(C)(3)	2,608.	0.			PURCHASE OF CHROMEBOOKS FOR TIPP CITY STUDENTS
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DRIVE TIPP CITY, OH 45371	31-6000983	501(C)(3)	750.	0.			INFERNO

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Part II THE TROY FOUNDATION

Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DRIVE TIPP CITY, OH 45371	31-6000983	501(C)(3)	1,302.	0.			SUPPORT FOR TIPP CITY HIGH SCHOOL CROSS COUNTRY INVITATIONAL
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DRIVE TIPP CITY, OH 45371	31-6000983	501(C)(3)	225.	0.			CUSTODIAL FEE FOR BANQUET
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DRIVE TIPP CITY, OH 45371	31-6000983	501(C)(3)	7,943.	0.			ELECTRONIC DEVICES FOR TIPP CITY TEACHERS/STAFF
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DRIVE TIPP CITY, OH 45371	31-6000983	501(C)(3)	1,481.	0.			STEM CROSS CURRICULAR: SCIENCE/PHYSICAL ACTIVITY
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DRIVE TIPP CITY, OH 45371	31-6000983	501(C)(3)	700.	0.			TMS VIDEO PRESENTATIONS
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DRIVE TIPP CITY, OH 45371	31-6000983	501(C)(3)	1,892.	0.			DRUMS ALIVE!
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DRIVE TIPP CITY, OH 45371	31-6000983	501(C)(3)	500.	0.			LIKE VIEWING - DOCUMENTARY ON SOCIAL MEDIA
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DRIVE TIPP CITY, OH 45371	31-6000983	501(C)(3)	600.	0.			2020 STATE SCIENCE DAY REGISTRATION FEES
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DRIVE TIPP CITY, OH 45371	31-6000983	501(C)(3)	750.	0.			PROFESSIONAL IN-SCHOOL PRODUCTION OF ROMEO AND JULIET

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Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DRIVE TIPP CITY, OH 45371	31-6000983	501(C)(3)	284.	0.			INSECTS AND OWL PELLETS FOR 2ND GRADE SCIENCE
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DRIVE 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 DRIVE TIPP CITY, OH 45371	31-6000983	501(C)(3)	2,000.	0.			STAGECRAFTERS PERFORMANCE
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DRIVE TIPP CITY, OH 45371	31-6000983	501(C)(3)	2,705.	0.			PAY TO PLAY FEES FOR IN-NEED MIDDLE/HIGH SCHOOL ATHLETES
TIPP CITY PUBLIC LIBRARY 11 E. MAIN STREET TIPP CITY, OH 45371	31-6000554	501(C)(3)	2,000.	0.			LARGE ART INSTALLATION
TIPP CITY PUBLIC LIBRARY 11 E. MAIN STREET TIPP CITY, OH 45371	31-6000554	501(C)(3)	200.	0.			PPE EXPENSES DUE TO COVID-19
TIPP CITY PUBLIC LIBRARY 11 E. MAIN STREET TIPP CITY, OH 45371	31-6000554	501(C)(3)	15,098.	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)	800.	0.			DAYTON LITERARY PEACE PRIZE AUTHOR VISIT 2020
TIPP CITY PUBLIC LIBRARY 11 E. MAIN STREET TIPP CITY, OH 45371	31-6000554	501(C)(3)	500.	0.			PAINTING OF OUTSIDE MURAL IN ALLEY

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Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 PUBLIC LIBRARY 11 E. MAIN STREET TIPP CITY, OH 45371	31-6000554	501(C)(3)	2,000.	0.			DAYTON LITERARY PEACE PRIZE AUTHOR VISIT 2020
TIPP CITY PUBLIC LIBRARY 11 E. MAIN STREET TIPP CITY, OH 45371	31-6000554	501(C)(3)	225.	0.			AMERICAN SIGN LANGUAGE COURSE FOR EMPLOYEES
TIPP CITY PUBLIC LIBRARY 11 E. MAIN STREET TIPP CITY, OH 45371	31-6000554	501(C)(3)	3,000.	0.			MATERIALS TO ASSIST DYSLEXIC AND STRUGGLING READERS
TIPP MONROE COMMUNITY SERVICES P.O. BOX 242 TIPP CITY, OH 45371	31-0794220	501(C)(3)	500.	0.			LUNCH ON US PROGRAM
TIPP MONROE COMMUNITY SERVICES P.O. BOX 242 TIPP CITY, OH 45371	31-0794220	501(C)(3)	500.	0.			GENERAL SUPPORT
TIPP MONROE COMMUNITY SERVICES P.O. BOX 242 TIPP CITY, OH 45371	31-0794220	501(C)(3)	5,000.	0.			COMMUNITY RELIEF FUND
TIPP MONROE COMMUNITY SERVICES P.O. BOX 242 TIPP CITY, OH 45371	31-0794220	501(C)(3)	300.	0.			COMMUNITY RELIEF FUND
TIPP MONROE COMMUNITY SERVICES P.O. BOX 242 TIPP CITY, OH 45371	31-0794220	501(C)(3)	500.	0.			COMMUNITY RELIEF PROGRAM
TIPP MONROE COMMUNITY SERVICES P.O. BOX 242 TIPP CITY, OH 45371	31-0794220	501(C)(3)	50.	0.			SUPPORT FOR RENT ASSISTANCE, CLOTHING AND FOOD

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 MONROE COMMUNITY SERVICES P.O. BOX 242 TIPP CITY, OH 45371	31-0794220	501(C)(3)	3,000.	0.			CAMP KERN TRIP FEBRUARY 14-15, 2020
TIPP MONROE COMMUNITY SERVICES P.O. BOX 242 TIPP CITY, OH 45371	31-0794220	501(C)(3)	500.	0.			LUNCH ON US PROGRAM
TIPP MONROE COMMUNITY SERVICES P.O. BOX 242 TIPP CITY, OH 45371	31-0794220	501(C)(3)	200.	0.			LUNCH ON US
TROY CHRISTIAN CHURCH 1440 E. STATE ROUTE 55 TROY, OH 45373	31-1259127	501(C)(3)	5,000.	0.			GENERAL SUPPORT
TROY CHRISTIAN SCHOOLS 700 S. DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	5,288.	0.			COMPUTER UPGRADE PROJECT
TROY CHRISTIAN SCHOOLS 700 S. DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	1,000.	0.			GENERAL SUPPORT
TROY CHRISTIAN SCHOOLS 700 S. DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	4,634.	0.			HIGH SCHOOL BAND UNIFORM PROJECT
TROY CHRISTIAN SCHOOLS 700 S. DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	2,000.	0.			GENERAL SUPPORT
TROY CHRISTIAN SCHOOLS 700 S. DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	2,347.	0.			2020 APPLE GRANT AWARD

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 CHRISTIAN SCHOOLS 700 S. DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	4,178.	0.			FOOTBALL EQUIPMENT
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	2,000.	0.			COOKSON ELEMENTARY, GIRLS ON THE RUN
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	1,078.	0.			HOOK APPLE GRANT AWARD
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	1,000.	0.			TROJAN CLOSET
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	1,273.	0.			VAN CLEVE APPLE GRANT AWARD
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	5,396.	0.			KYLE ELEMENTARY, LEVELLED LITERACY INTERVENTION
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	250.	0.			TROJAN CLOSET
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	1,017.	0.			AUDIOMETER FOR HIGH SCHOOL AND JUNIOR HIGH
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	4,700.	0.			VAN CLEVE, KIDS TO COLLEGE

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	750.	0.			HERE'S TO YOUR SUCCESS!
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	2,678.	0.			JUNIOR HIGH APPLE GRANT AWARD
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	-39.	0.			VAN CLEVE, KIDS TO COLLEGE
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	4,944.	0.			HIGH SCHOOL APPLE GRANT AWARD
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	-362.	0.			COOKSON ELEMENTARY, SS FIELD TRIP, STEWART
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	768.	0.			KYLE APPLE GRANT AWARD
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	700.	0.			COOKSON ELEMENTARY, KINDNESS PROGRAM
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	1,192.	0.			COOKSON APPLE GRANT AWARD
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	100.	0.			TROJAN CLOSET

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	2,552.	0.			CONCORD APPLE GRANT AWARD
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	102,050.	0.			CHROMEBOOKS FOR KINDERGARTNERS
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	952.	0.			FOREST APPLE GRANT AWARD
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	1,059.	0.			HEYWOOD APPLE GRANT AWARD
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	820.	0.			COOKSON ELEMENTARY, SCIENCE ACTIVITIES
TROY CITY SCHOOLS 500 N. MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	13,196.	0.			SUMMER FEEDING PROGRAM
TROY COMMUNITY FM - POWER 107.1 WTJN - 315 PUBLIC SQUARE, SUITE 216 - TROY, OH 45373	35-2484745	501(C)(3)	30,000.	0.			EMPOWERING LOCAL NON-PROFIT ORGANIZATIONS
TROY DEVELOPMENT COUNCIL 405 SW PUBLIC SQUARE TROY, OH 45373	31-1736034	501(C)(3)	4,600.	0.			ASSISTANCE TO BUSINESSES AFFECTED BY COVID-19
TROY DEVELOPMENT COUNCIL 405 SW PUBLIC SQUARE TROY, OH 45373	31-1736034	501(C)(3)	5,500.	0.			ASSISTANCE TO BUSINESSES AFFECTED BY COVID-19

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Schedule I (Form 990) **THE TROY FOUNDATION** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 DEVELOPMENT COUNCIL 405 SW PUBLIC SQUARE TROY, OH 45373	31-1736034	501(C)(3)	98,126.	0.			ASSISTANCE TO 61 BUSINESSES AFFECTED BY COVID-19
TROY FIRE DEPARTMENT 19 E. RACE STREET TROY, OH 45373	31-6000549	501(C)(3)	14,220.	0.			AUTO PULSE MECHANICAL CPR EQUIPMENT
TROY JUNIOR FOOTBALL P.O. BOX 707 TROY, OH 45373	31-1506205	501(C)(3)	10,000.	0.			PROJECT HELMETS
TROY MAIN STREET, INC. 405 SW PUBLIC SQUARE, SUITE 231 TROY, OH 45373	31-1301818	501(C)(3)	5,350.	0.			DOWNTOWN PROJECTS
TROY MAIN STREET, INC. 405 SW PUBLIC SQUARE, SUITE 231 TROY, OH 45373	31-1301818	501(C)(3)	2,500.	0.			ASSISTANCE IN REOPENING TROY'S DOWNTOWN
TROY MAIN STREET, INC. 405 SW PUBLIC SQUARE, SUITE 231 TROY, OH 45373	31-1301818	501(C)(3)	2,000.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
TROY MAIN STREET, INC. 405 SW PUBLIC SQUARE, SUITE 231 TROY, OH 45373	31-1301818	501(C)(3)	1,000.	0.			GENERAL SUPPORT
TROY MAIN STREET, INC. 405 SW PUBLIC SQUARE, SUITE 231 TROY, OH 45373	31-1301818	501(C)(3)	30,000.	0.			SCULPTURES ON THE SQUARE 2021
TROY MAIN STREET, INC. 405 SW PUBLIC SQUARE, SUITE 231 TROY, OH 45373	31-1301818	501(C)(3)	200.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 N. MARKET STREET TROY, OH 45373	31-0579679	501(C)(3)	3,500.	0.		COVID-19 FUNDRAISING REPLACEMENT GRANT	
TROY REC 11 N. MARKET STREET TROY, OH 45373	31-0579679	501(C)(3)	32,978.	0.		ROOF REPLACEMENT	
TROY REC 11 N. MARKET STREET TROY, OH 45373	31-0579679	501(C)(3)	7,500.	0.		REMOTE TEACHING AND SUPPORT WITH FOOD DISTRIBUTION	
TROY REC 11 N. MARKET STREET TROY, OH 45373	31-0579679	501(C)(3)	20,000.	0.		OPERATIONS	
TROY REC 11 N. MARKET STREET TROY, OH 45373	31-0579679	501(C)(3)	3,000.	0.		SUMMER LUNCH BUDDIES	
TROY REC 11 N. MARKET STREET TROY, OH 45373	31-0579679	501(C)(3)	7,471.	0.		4 WEEKS OF FUNDING FOR PRESCHOOL/TUTOR PROGRAM	
TROY-HAYNER CULTURAL CENTER 301 W. MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	1,113.	0.		GENERAL SUPPORT	
TROY-HAYNER CULTURAL CENTER 301 W. MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	500.	0.		GENERAL SUPPORT	
TROY-HAYNER CULTURAL CENTER 301 W. MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	4,763.	0.		GENERAL SUPPORT	

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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-HAYNER CULTURAL CENTER 301 W. MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	518.	0.			GENERAL SUPPORT
TROY-HAYNER CULTURAL CENTER 301 W. MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	1,113.	0.			GENERAL SUPPORT
TROY-HAYNER CULTURAL CENTER 301 W. MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	250.	0.			GENERAL SUPPORT
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	15,098.	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)	10,180.	0.			TO PURCHASE BOOK AND MAGAZINES
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	4,763.	0.			GENERAL SUPPORT
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	500.	0.			GENERAL SUPPORT
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	829.	0.			TO PURCHASE TRAVEL MATERIAL
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	10,180.	0.			TO PURCHASE BOOK AND MAGAZINES

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Part II THE TROY FOUNDATION

Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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)	12,250.	0.			COMMUNITY SUMMER CAMP
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	500.	0.			DOLLY PARTON'S IMAGINATION LIBRARY
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	49,145.	0.			ELEVATOR REPAIR
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	500.	0.			SUMMER READING PROGRAM
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	4,000.	0.			CLOUD LIBRARY CHECKOUT HARDWARE SUBSCRIPTION
UNITED WAY OF MIAMI COUNTY 116 W. FRANKLIN STREET TROY, OH 45373	31-0619209	501(C)(3)	1,350.	0.			GENERAL SUPPORT
UNITED WAY OF MIAMI COUNTY 116 W. FRANKLIN STREET TROY, OH 45373	31-0619209	501(C)(3)	400.	0.			GENERAL OPERATING / AS NEEDED
UNITED WAY OF MIAMI COUNTY 116 W. FRANKLIN STREET TROY, OH 45373	31-0619209	501(C)(3)	150.	0.			GENERAL SUPPORT
UNITED WAY OF MIAMI COUNTY 116 W. FRANKLIN STREET TROY, OH 45373	31-0619209	501(C)(3)	500.	0.			2021 CAMPAIGN

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 OF MIAMI COUNTY 116 W. FRANKLIN STREET TROY, OH 45373	31-0619209	501(C)(3)	6,240.	0.			GENERAL SUPPORT
UNITED WAY OF MIAMI COUNTY 116 W. FRANKLIN STREET TROY, OH 45373	31-0619209	501(C)(3)	30,000.	0.			GENERAL SUPPORT
UNITED WAY OF MIAMI COUNTY 116 W. FRANKLIN STREET TROY, OH 45373	31-0619209	501(C)(3)	5,720.	0.			CAPITAL CAMPAIGN
UNITED WAY OF MIAMI COUNTY 116 W. FRANKLIN STREET TROY, OH 45373	31-0619209	501(C)(3)	157.	0.			GENERAL SUPPORT
UNITED WAY OF MIAMI COUNTY 116 W. FRANKLIN STREET TROY, OH 45373	31-0619209	501(C)(3)	1,650.	0.			GENERAL SUPPORT
UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON, OH 45469-1305	31-0536715	501(C)(3)	10,000.	0.			STUDENT SCHOLARSHIPS
UPPER VALLEY CAREER CENTER 8811 CAREER DRIVE PIQUA, OH 45356	31-0819594	501(C)(3)	2,000.	0.			GENERAL SUPPORT
UPPER VALLEY CAREER CENTER 8811 CAREER DRIVE PIQUA, OH 45356	31-0819594	501(C)(3)	1,000.	0.			GENERAL SUPPORT
UPPER VALLEY CAREER CENTER 8811 CAREER DRIVE PIQUA, OH 45356	31-0819594	501(C)(3)	7,827.	0.			YELLOWSTONE/GRAND TETON TRIP - REMAINING FUNDS

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 CAREER CENTER 8811 CAREER DRIVE PIQUA, OH 45356	31-0819594	501(C)(3)	11,000.	0.			GERMAN APPRENTICESHIP PROGRAM
UPPER VALLEY CAREER CENTER 8811 CAREER DRIVE PIQUA, OH 45356	31-0819594	501(C)(3)	6,673.	0.			YELLOWSTONE/GRAND TETON TRIP
UPPER VALLEY CAREER CENTER 8811 CAREER DRIVE PIQUA, OH 45356	31-0819594	501(C)(3)	2,000.	0.			GENERAL SUPPORT
UPPER VALLEY MEDICAL CENTER 3130 N. COUNTY ROAD 25A TROY, OH 45373	31-0537095	501(C)(3)	1,000.	0.			DELAY THE DISEASE
UPPER VALLEY MEDICAL CENTER 3130 N. COUNTY ROAD 25A TROY, OH 45373	31-0537095	501(C)(3)	1,680.	0.			DELAY THE DISEASE WELLNESS PROGRAM
UPPER VALLEY MEDICAL CENTER 3130 N. COUNTY ROAD 25A TROY, OH 45373	31-0537095	501(C)(3)	5,145.	0.			SUPPORT FOR MICROBIOLOGY DEPARTMENT
UPPER VALLEY MEDICAL CENTER 3130 N. COUNTY ROAD 25A TROY, OH 45373	31-0537095	501(C)(3)	1,440.	0.			DELAY THE DISEASE WELLNESS PROGRAM
UVMC FOUNDATION 3130 N. COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	20,000.	0.			CARDIOPULMONARY REHABILITATION CENTER PROJECT
UVMC FOUNDATION 3130 N. COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	121,294.	0.			PNEUMATIC TUBE SYSTEM

Schedule I (Form 990)

Schedule I (Form 990) **THE TROY FOUNDATION**

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
UVMC FOUNDATION 3130 N. COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	418.	0.			GENERAL SUPPORT
UVMC FOUNDATION 3130 N. COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	8,500.	0.			IDNOW MOLECULAR PLATFORM RAPID TESTING DEVICE
UVMC FOUNDATION 3130 N. COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	2,500.	0.			GENERAL SUPPORT
UVMC FOUNDATION 3130 N. COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	8,500.	0.			IDNOW MOLECULAR PLATFORM RAPID TESTING DEVICE
UVMC FOUNDATION 3130 N. COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	250.	0.			CHAMPIONS FOR CARE SOCIETY - GREATEST NEED AREA
UVMC FOUNDATION 3130 N. COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	1,000.	0.			GENERAL SUPPORT
WACO HISTORICAL SOCIETY 1865 S. COUNTY ROAD 25A TROY, OH 45373	31-0969657	501(C)(3)	82,237.	0.			DISBURSEMENT OF BALANCE
WACO HISTORICAL SOCIETY 1865 S. COUNTY ROAD 25A TROY, OH 45373	31-0969657	501(C)(3)	2,000.	0.			COVID-19 FUNDRAISING REPLACEMENT GRANT
WACO HISTORICAL SOCIETY 1865 S. COUNTY ROAD 25A TROY, OH 45373	31-0969657	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) THE TROY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WE LOVE BIRTHDAY PARTIES 1597 NORTH ROAD TROY, OH 45373	84-1978157	501(C)(3)	7,200.	0.			BIRTHDAY PARTIES
WEST OHIO CONFERENCE OF THE UNITED METHODIST CHURCH - 32 WESLEY BOULEVARD - WORTHINGTON, OH 43085	31-4420544	501(C)(3)	90,870.	0.			BLACK COLLEGE FUND, MINISTER'S RETIRE, CAMPERSHIPS
WESTSIDE NEIGHBORHOOD SCHOOL 5401 BEETHOVEN STREET LOS ANGELES, CA 90066	95-3551091	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WILSON HEALTH FOUNDATION 915 W. MICHIGAN STREET SIDNEY, OH 45365	52-1771615	501(C)(3)	2,500.	0.			FUTURE IS CLEAR CAMPAIGN
WILSON HEALTH FOUNDATION 915 W. MICHIGAN STREET SIDNEY, OH 45365	52-1771615	501(C)(3)	2,500.	0.			FUTURE IS CLEAR CAMPAIGN
WSU OFFICE OF THE BURSAR, 055 STUDENT UNION - 3640 COLONEL GLEN HIGHWAY - DAYTON, OH 45435-0001	31-0732831	501(C)(3)	100.	0.			JAMES HUGHES HUMANITIES SCHOLARSHIP IMO DR. HUGHES
WRIGHT STATE UNIVERSITY FOUNDATION P.O. BOX 8748 DAYTON, OH 45435	23-7019799	501(C)(3)	10,000.	0.			SCHOLARSHIPS, SUPPLIES OR STUDENT DEVELOPMENT
WRIGHT STATE UNIVERSITY FOUNDATION P.O. BOX 8748 DAYTON, OH 45435	23-7019799	501(C)(3)	500.	0.			EDUCATION & HUMAN SERVICES SCHOLARSHIPS
WRIGHT STATE UNIVERSITY FOUNDATION P.O. BOX 8748 DAYTON, OH 45435	23-7019799	501(C)(3)	2,026.	0.			TO SUPPORT ART AND ART HISTORY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WYSO PUBLIC RADIO 150 E. S. COLLEGE STREET YELLOW SPRINGS, OH 45387-1623	83-0545108	501(C)(3)	500.	0.			GENERAL SUPPORT
WYSO PUBLIC RADIO 150 E. S. COLLEGE STREET YELLOW SPRINGS, OH 45387-1623	83-0545108	501(C)(3)	250.	0.			GENERAL SUPPORT
WYSO PUBLIC RADIO 150 E. S. COLLEGE STREET YELLOW SPRINGS, OH 45387-1623	83-0545108	501(C)(3)	500.	0.			GENERAL SUPPORT
WYSO PUBLIC RADIO 150 E. S. COLLEGE STREET YELLOW SPRINGS, OH 45387-1623	83-0545108	501(C)(3)	750.	0.			GENERAL SUPPORT
WYSO PUBLIC RADIO 150 E. S. COLLEGE STREET YELLOW SPRINGS, OH 45387-1623	83-0545108	501(C)(3)	12,000.	0.			WYSO RADIO PROGRAMMING SUPPORT
WYSO PUBLIC RADIO 150 E. S. COLLEGE STREET YELLOW SPRINGS, OH 45387-1623	83-0545108	501(C)(3)	500.	0.			GENERAL SUPPORT
WYSO PUBLIC RADIO 150 E. S. COLLEGE STREET YELLOW SPRINGS, OH 45387-1623	83-0545108	501(C)(3)	750.	0.			GENERAL SUPPORT

Schedule I (Form 990) 2020 **THE TROY FOUNDATION**

31-6018703

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	11	15,691.	0.		
ARTS, CULTURE AND HUMANITIES	1	775.	0.		
EDUCATION	40	450,153.	0.		
RECREATIONAL	1	136.	0.		
SCHOLARSHIP	20	316,709.	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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ 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 Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) MELISSA KLEPTZ	111,173.	0.	0.	1,691.	37,779.	150,643.	0.
(ii) EXECUTIVE DIRECTOR	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

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 (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

1	(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.

(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?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

(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	86,509.	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

2020

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	61	4,283,066.	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 V, Donee Acknowledgement **29** **0**

	Yes	No
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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, PART I, COLUMN (B):

REPORTING THE NUMBER OF CONTRIBUTIONS

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

2020

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, DISTRIBUTION COMMITTEE, AND STAFF 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) 2020

032211 11-20-20

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.

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.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 STREET TROY, OH 45373	TO HOLD THE LAND AND BUILDING WHICH HOUSE THE TROY FOUNDATION	OHIO	501(C)(3)	LINE 12B, II N/A			<input checked="" type="checkbox"/>

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

Schedule R (Form 990) 2020

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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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	Yes	No
(1)						X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

Part VI **THE TROY FOUNDATION**

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	

Form **990-T**

**** PUBLIC DISCLOSURE COPY ****
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2020

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

For calendar year 2020 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

- A** Check box if address changed.
- B** Exempt under section
 501(c)(3))
 408(e) 220(e)
 408A 530(a)
 529(a) 529S

Name of organization (Check box if name changed and see instructions.)
THE TROY FOUNDATION
 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

D Employer identification number
31-6018703

E Group exemption number (see instructions)

F Check box if an amended return.

C Book value of all assets at end of year ▶ **124,992,115.**

- G** Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity
- H** Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439
- I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶
- J** Enter the number of attached Schedules A (Form 990-T) ▶ **1**
- K** 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. ▶
- L** The books are in care of ▶ **MELISSA KLEPTZ** Telephone number ▶ **937-339-8935**

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-9,757.
2	Reserved	2	
3	Add lines 1 and 2	3	-9,757.
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-9,757.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-9,757.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input checked="" type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0.
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	0.
3	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 statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.
6a	Payments: A 2019 overpayment credited to 2020	6a	
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g	
7	Total payments. Add lines 6a through 6g	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

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

	Yes	No
1 At any time during the 2020 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		X
2 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
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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

Sign Here 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: **KAREN O. CRIM** Preparer's signature: **KAREN O. CRIM** Date: **11/05/21** Check if self-employed PTIN: **P00368385**

Firm's name: **RSM US LLP** Firm's EIN: **42-0714325**

Firm's address: **6 S PATTERSON BLVD DAYTON, OH 45402** Phone no.: **937-298-0201**

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

ENTITY 1

OMB No. 1545-0047

2020

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

Department of the Treasury
Internal Revenue Service

▶ 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).

A Name of the organization THE TROY FOUNDATION	B Employer identification number 31-6018703
C Unrelated business activity code (see instructions) ▶ 900000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **INVESTMENT IN PUBLICLY TRADED PARTNERSHIPS**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b	-4,127.	-4,127.
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5	-5,630.	-5,630.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	-9,757.	-9,757.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement) (see instructions)	5		
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562) (see instructions)	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement)	14		
15 Total deductions. Add lines 1 through 14	15		0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		-9,757.
17 Deduction for net operating loss (see instructions)	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		-9,757.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI 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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	0.

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A B C D checkboxes and lines for periodical names.

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 8 rows for advertising income, costs, and gains.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business.

Part XI Supplemental Information (see instructions)

Multiple horizontal lines for supplemental information.

THE TROY FOUNDATION

31-6018703

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION

NET INCOME
OR (LOSS)

SCHEDULE E, PAGE 2 - ORDINARY BUSINESS INCOME (LOSS)

-5,630.

TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5

-5,630.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

31-6018703

THE TROY FOUNDATION

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	CEDAR FAIR, LP	P		34-1560655		
* B	CEDAR FAIR, LP	P		34-1560655		
* C	PRIOR YEAR PAL	P		34-1560655		
D						

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A	0.			
B		4,410.		
C		1,220.		
D				
29a Totals				
b Totals		5,630.		
30 Add columns (h) and (k) of line 29a				30
31 Add columns (g), (i), and (j) of line 29b				31 (5,630.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 -5,630.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	-5,630.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Form **4797**
Department of the Treasury
Internal Revenue Service

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
▶ Attach to your tax return.

OMB No. 1545-0184

2020

Attachment
Sequence No. **27**

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

THE TROY FOUNDATION

31-6018703

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	1,000 SH. CEDAR FAIR, LP	01/01/19	09/02/20	29,260.	2,843.	36,230.	-4,127.

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	7	-4,127.
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):		
11	Loss, if any, from line 7	11	(4,127.)
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	-4,127.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
	a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
	b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

Form **4797**
 Department of the Treasury
 Internal Revenue Service
 Name(s) shown on return

Sales of Business Property
 (Also Involuntary Conversions and Recapture Amounts
 Under Sections 179 and 280F(b)(2))
 Attach to your tax return.

OMB No. 1545-0184
2020
 Attachment
 Sequence No. **27**

Go to www.irs.gov/Form4797 for instructions and the latest information.

Identifying number
31-6018703

THE TROY FOUNDATION

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	1,000 SH. CEDAR FAIR, LP	01/01/19	09/02/20	29,260.	2,843.	36,230.	-4,127.

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	7	-4,127.
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	(4,127.)
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	-4,127.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18a	
		18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
	▶	Property A	Property B
		Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b Enter the smaller of line 24 or 25a	25b		
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the smaller of line 24 or 28a	28b		
29 If section 1255 property:			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the smaller of line 24 or 29a. See instructions	29b		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Form **8582**
 Department of the Treasury
 Internal Revenue Service (99)

Passive Activity Loss Limitations

▶ See separate instructions.
 ▶ Attach to Form 1040, 1040-SR, or 1041.
 ▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008
2020
 Attachment
 Sequence No. **858**

Name(s) shown on return THE TROY FOUNDATION	Identifying number 31-6018703
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Part I 2020 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)			
1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	()	
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()	
d Combine lines 1a, 1b, and 1c			1d

Commercial Revitalization Deductions From Rental Real Estate Activities			
2a Commercial revitalization deductions from Worksheet 2, column (a)	2a		
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()	
c Add lines 2a and 2b			2c ()

All Other Passive Activities			
3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(5,149)	
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	(8,423)	
d Combine lines 3a, 3b, and 3c			3d -13,572.

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4		-13,572.
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5		
6 Enter \$150,000. If married filing separately, see instructions	6		
7 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	7		
8 Subtract line 7 from line 6	8		
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions			9
10 Enter the smaller of line 5 or line 9			10

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11		
12 Enter the loss from line 4	12		
13 Reduce line 12 by the amount on line 10	13		
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14		

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15		
16 Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	SEE STATEMENT 5		16 0.

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c					

Worksheet 2 - For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 3					
Total. Enter on Form 8582, lines 3a, 3b, and 3c		-5,149.	-8,423.		

Worksheet 4 - Use This Worksheet if an Amount is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total					

Worksheet 5 - Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 5				
Total		13,572.	1.000000000	13,572.

Worksheet 6 - Allowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 6				
Total		13,572.	13,572.	

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (see instructions)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total					

THE TROY FOUNDATION

31-6018703

FORM 8582 OTHER PASSIVE ACTIVITIES - WORKSHEET 3 STATEMENT 2

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
CEDAR FAIR, LP	0.	-5,149.	-8,423.		-13,572.
TOTALS	0.	-5,149.	-8,423.		-13,572.

FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 3

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED
				LOSS
CEDAR FAIR, LP	SCH E	13,572.	1.000000000	13,572.
TOTALS		13,572.	1.000000000	13,572.

FORM 8582 ALLOWED LOSSES - WORKSHEET 6 STATEMENT 4

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED
				LOSS
CEDAR FAIR, LP	SCH E	13,572.	13,572.	
TOTALS		13,572.	13,572.	

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 5

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
CEDAR FAIR, LP	SCH E	-5,149.	-8,423.	-13,572.	13,572.	
TOTALS		-5,149.	-8,423.	-13,572.	13,572.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 16