

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING



THE TROY FOUNDATION
216 W FRANKLIN ST
TROY, OH 45373-3234

DEAR MELISSA:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2021 FORM 990

2021 FORM 990-T

2021 FORM 990 - PUBLIC DISCLOSURE COPY

2021 FORM 990-T - PUBLIC DISCLOSURE COPY

BECAUSE YOUR FORM 990 WILL BE ELECTRONICALLY FILED, YOU NEED TO SIGN AND DATE THE ENCLOSED FORM 8879-TE AFTER YOU HAVE REVIEWED YOUR RETURN. THEN RETURN THE SIGNED FORM 8879-TE TO RSM. WE WILL ELECTRONICALLY FILE YOUR FORM 990 AS SOON AS WE RECEIVE THIS FORM FROM YOU.

THE OHIO ATTORNEY GENERAL REQUIRES ONLINE FILING OF THE ANNUAL CHARITABLE REGISTRATION REPORT. TO FILE THE REPORT AND PAY THE FEE, GO TO [HTTPS://CHARITABLE.OHIOAGO.GOV/](https://charitable.ohioago.gov/) PRIOR TO THE NOVEMBER 15, 2022 DUE DATE.

PLEASE REVIEW THE RETURNS FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURNS.

REGARDS,

KAREN O. CRIM

TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING
DECEMBER 31, 2021**

PREPARED FOR:

THE TROY FOUNDATION
216 W FRANKLIN ST
TROY, OH 45373-3234

PREPARED BY:

RSM US LLP
6 S PATTERSON BLVD
DAYTON, OH 45402

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

**FOR THE YEAR ENDING
DECEMBER 31, 2021**

PREPARED FOR:

THE TROY FOUNDATION
216 W FRANKLIN ST
TROY, OH 45373-3234

PREPARED BY:

RSM US LLP
6 S PATTERSON BLVD
DAYTON, OH 45402

AMOUNT DUE OR REFUND:

NO AMOUNT IS DUE.

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

THE TROY FOUNDATION

EIN or SSN

31-6018703

Name and title of officer or person subject to tax

**MELISSA KLEPTZ
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>4,638,954.</u>
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ▶	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize RSM US LLP to enter my PIN 13371
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

31861160621

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ RSM US LLP

Date ▶ 11/10/22

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**
(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

MELISSA KLEPTZ

• The books are in the care of ▶ **216 W FRANKLIN ST - TROY, OH 45373-3234**

Telephone No. ▶ **937-339-8935** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2021** or
 ▶ tax year beginning _____, and ending _____.

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

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

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

2021

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 **2021** 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		D Employer identification number 31-6018703
	Doing business as		E Telephone number 937-339-8935
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 29,699,971.
	216 W FRANKLIN ST		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code TROY, OH 45373-3234		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: MELISSA KLEPTZ SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.THETROYFOUNDATION.ORG			
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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	15
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 13,178,334.	Current Year 9,886,786.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,589,048.	4,741,833.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,603.	10,335.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,775,985.	14,638,954.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,939,322.
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)		436,252.	469,996.
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)		578,783.	589,029.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,954,357.	8,080,994.
19 Revenue less expenses. Subtract line 18 from line 12	7,821,628.	6,557,960.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 125,171,217.	End of Year 148,750,693.
	21 Total liabilities (Part X, line 26)	8,794,513.	10,167,346.
	22 Net assets or fund balances. Subtract line 21 from line 20	116,376,704.	138,583,347.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	▶ MELISSA KLEPTZ, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name KAREN O. CRIM	Preparer's signature KAREN O. CRIM	Date 11/10/22	Check if self-employed <input type="checkbox"/> PTIN P00368385
	Firm's name ▶ RSM US LLP	Firm's address ▶ 6 S PATTERSON BLVD DAYTON, OH 45402	Firm's EIN ▶ 42-0714325	Phone no. 937-298-0201

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 7,285,336. including grants of \$ 7,021,969.) (Revenue \$) IN 2021, THE TROY FOUNDATION PROVIDED OVER 1,900 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 7,285,336.

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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> See instructions		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MELISSA KLEPTZ - 937-339-8935
216 W FRANKLIN ST, TROY, OH 45373-3234

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				119,555.	0.	38,094.
(2) JESSICA MINESINGER PRESIDENT GOV BD (UNTIL 05/21)	1.00 0.10	X		X				0.	0.	0.
(3) BRENT BLACK CHAIR	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 VICE CHAIR	1.00 0.10	X						0.	0.	0.
(7) KATHY KERBER GOV BD/DIST COM	1.00 0.10	X						0.	0.	0.
(8) DAVE FISHER VICE PRESIDENT	1.00 0.10	X						0.	0.	0.
(9) ED PURVIS GOV BD	1.00 0.10	X						0.	0.	0.
(10) SUSAN BEHM GOV BD	1.00 0.10	X						0.	0.	0.
(11) CRAIG WISE 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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							119,555.	0.	38,094.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							119,555.	0.	38,094.	

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	177,670.

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 **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	36,517.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,850,269.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,689,423.				
	h Total. Add lines 1a-1f			9,886,786.			
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)			2,269,241.		2269241.	
	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	17,526,139.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		15,053,547.			
c Gain or (loss)	7c		2,472,592.				
d Net gain or (loss)			2,472,592.		2472592.		
8 a Gross income from fundraising events (not including \$ 36,517. of contributions reported on line 1c). See Part IV, line 18	8a		16,305.				
b Less: direct expenses	8b		7,470.				
c Net income or (loss) from fundraising events			8,835.		8,835.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			14,638,954.	0.	0.	4752168.	

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	6,525,684.	6,525,684.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	496,285.	496,285.		
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	157,649.		157,649.	
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	260,228.		260,228.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,154.		7,154.	
9 Other employee benefits	21,245.		21,245.	
10 Payroll taxes	23,720.		23,720.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	119,384.		119,384.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	263,367.	263,367.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	2,840.		2,840.	
13 Office expenses	21,012.		21,012.	
14 Information technology	79,849.		79,849.	
15 Royalties				
16 Occupancy	7,351.		7,351.	
17 Travel	385.		385.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,522.		4,522.	
23 Insurance	9,218.		9,218.	
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 CLEANING & MAINTENANCE	18,552.		18,552.	
b EVENTS	15,404.		15,404.	
c MEMBERSHIP DUES	13,795.		13,795.	
d _____				
e All other expenses _____	33,350.		33,350.	
25 Total functional expenses. Add lines 1 through 24e	8,080,994.	7,285,336.	795,658.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	572,713.	1	748,826.
	2 Savings and temporary cash investments	5,200,376.	2	4,740,395.
	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 534,908.		
	b Less: accumulated depreciation	10b 29,351.	503,879.	10c 505,557.
	11 Investments - publicly traded securities	118,894,249.	11	142,755,915.
	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)	125,171,217.	16	148,750,693.	
Liabilities	17 Accounts payable and accrued expenses	0.	17	167.
	18 Grants payable	0.	18	93,713.
	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	8,794,513.	25	10,073,466.
	26 Total liabilities. Add lines 17 through 25	8,794,513.	26	10,167,346.
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	21,868,115.	27	20,699,702.
	28 Net assets with donor restrictions	94,508,589.	28	117,883,645.
	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	116,376,704.	32	138,583,347.
33 Total liabilities and net assets/fund balances	125,171,217.	33	148,750,693.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,638,954.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,080,994.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,557,960.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	116,376,704.
5	Net unrealized gains (losses) on investments	5	15,654,146.
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	-5,463.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	138,583,347.

Part XII Financial Statements and Reporting

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

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

Form 990 (2021)

SCHEDULE A
(Form 990)

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

2021

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).)
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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization (described on lines 1-10 above (see instructions)), (iv) Is the organization listed in your governing document? (Yes/No), (v) Amount of monetary support (see instructions), (vi) Amount of other support (see instructions). 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10028062.	3966332.	6256073.	13178334.	9886786.	43315587.
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	10028062.	3966332.	6256073.	13178334.	9886786.	43315587.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13547295.
6 Public support. Subtract line 5 from line 4.						29768292.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	10028062.	3966332.	6256073.	13178334.	9886786.	43315587.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2165317.	2231923.	2210563.	2150961.	2270741.	11029505.
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						54345092.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	54.78 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	48.64 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

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>		
1		
2		

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>		
1		

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 on 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>		
1		
2		
3		

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>	Yes	No
b Did the activities described on 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>		
2a		
2b		
3a		
3b		

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 (<i>explain in detail in Part VI</i>):		
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).		

Schedule A (Form 990) 2021

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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

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

Schedule B (Form 990) (2021)

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	MR. DAVID R. AND MRS. RENEE ERNST 132 VALLEYWOOD COURT CANTON, GA 30115	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MR. JOHN C. AND MRS. NICOLE ERNST 5543 WORLEY ROAD TIPP CITY, OH 45371	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MR. THOMAS E. AND MRS. PATRICIA D. ROBINSON 1840 TOWNE PARK DRIVE TROY, OH 45373	\$ 531,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	MR. BILL W. AND MRS. CYNTHIA A. WILLHELM 7685 WINDING WAY SOUTH TROY, OH 45373	\$ 448,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MR. BRIAN WILLIAMSON 1268 FAIRWAY DRIVE TROY, OH 45373	\$ 372,522.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	MRS. JOYCE S. CASHNER 81 SOUTH STANFIELD ROAD TROY, OH 45373	\$ 300,000.	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	JOHN D. COPPOCK TRUST C/O CHRIS LIKENS SARASOTA, FL 34236	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MR. WILLIAM E. AND MRS. WANDA C. LUKENS 2060 PETERS ROAD TROY, OH 45373	\$ 258,643.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	MR. AND MRS. ED PURVIS 1020 ROSEWOOD CREEK DRIVE TROY, OH 45373	\$ 228,552.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	MS. SHELBY A. ERNST 5543 WORLEY ROAD TIPP CITY, OH 45371	\$ 215,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MR. COLLIN R. AND MRS. BROOKE ERNST 7250 TROY-FREDERICK ROAD TIPP CITY, OH 45371	\$ 215,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MR. JOHN L. ERNST 41 LA BELLE STREET DAYTON, OH 45403	\$ 215,500.	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 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
3	SECURITIES _____ _____ _____	\$ <u>126,996.</u>	<u>10/21/21</u>
3	SECURITIES _____ _____ _____	\$ <u>128,212.</u>	<u>10/21/21</u>
5	SECURITIES _____ _____ _____	\$ <u>49,954.</u>	<u>09/01/21</u>
5	SECURITIES _____ _____ _____	\$ <u>202,227.</u>	<u>12/09/21</u>
5	SECURITIES _____ _____ _____	\$ <u>24,992.</u>	<u>12/23/21</u>
5	SECURITIES _____ _____ _____	\$ <u>95,349.</u>	<u>08/18/21</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
8	<u>SECURITIES</u> <hr/> <hr/> <hr/>	\$ <u>248,143.</u>	<u>02/16/21</u>
9	<u>SECURITIES</u> <hr/> <hr/> <hr/>	\$ <u>84,140.</u>	<u>08/30/21</u>
9	<u>SECURITIES</u> <hr/> <hr/> <hr/>	\$ <u>73,976.</u>	<u>12/13/21</u>
9	<u>SECURITIES</u> <hr/> <hr/> <hr/>	\$ <u>70,436.</u>	<u>03/01/21</u>
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (table with 2a-2d). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

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	74,927,813.	60,604,896.	49,684,785.	44,815,341.	42,847,653.
b Contributions	6,699,739.	8,765,663.	3,872,828.	1,644,323.	1,588,282.
c Net investment earnings, gains, and losses	17,079,660.	7,737,063.	10,014,205.	6,679,833.	2,275,069.
d Grants or scholarships	3,506,902.	1,646,551.	2,484,822.	2,817,468.	1,328,562.
e Other expenditures for facilities and programs					
f Administrative expenses	879,279.	533,258.	482,100.	637,244.	567,101.
g End of year balance	94,321,031.	74,927,813.	60,604,896.	49,684,785.	44,815,341.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 34.1927 %
 - c Term endowment 65.8073 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	494,084.			494,084.
b Buildings				
c Leasehold improvements				
d Equipment		40,824.	29,351.	11,473.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				505,557.

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	10,073,466.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,073,466.

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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
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
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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
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	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

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)*

Multiple horizontal lines for supplemental information.

SCHEDULE G (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 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))	
		BANQUET (event type)	VIKING FEST (event type)	2 (total number)		
Revenue	1	Gross receipts	19,154.	13,361.	20,307.	52,822.
	2	Less: Contributions	18,052.	8,365.	10,100.	36,517.
	3	Gross income (line 1 minus line 2)	1,102.	4,996.	10,207.	16,305.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages			4,637.	4,637.
	8	Entertainment				
	9	Other direct expenses	868.		1,965.	2,833.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				7,470.
11	Net income summary. Subtract line 10 from line 3, column (d)				8,835.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARBOGAST PERFORMING ARTS CENTER 500 SOUTH DORSET ROAD TROY, OH 45373	83-0889260	501(C)(3)	114,833.	0.			ARTS, CULTURE AND HUMANITIES; GENERAL SUPPORT
ARBOGAST PERFORMING ARTS CENTER 500 SOUTH DORSET ROAD TROY, OH 45373	83-0889260	501(C)(3)	50,000.	0.			ARTS, CULTURE AND HUMANITIES; CAPITAL CAMPAIGN - EMERSON DISBURSEMENT
ARBOGAST PERFORMING ARTS CENTER 500 SOUTH DORSET ROAD TROY, OH 45373	83-0889260	501(C)(3)	40,000.	0.			ARTS, CULTURE AND HUMANITIES; EMERSON SPONSORSHIP
ARBOGAST PERFORMING ARTS CENTER 500 SOUTH DORSET ROAD TROY, OH 45373	83-0889260	501(C)(3)	30,000.	0.			ARTS, CULTURE AND HUMANITIES; SILHOUETTES PRODUCTION & OUTREACH
ARCHDIOCESE OF CINCINNATI - MISSION OFFICE - 100 EAST EIGHTH STREET - CINCINNATI, OH 45202	31-0538501	501(C)(3)	10,000.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
BIG BROTHERS, BIG SISTERS OF THE GREATER MIAMI VALLEY - 22 SOUTH JEFFERSON STREET - DAYTON, OH 45402	31-0641306	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 132.

3 Enter total number of other organizations listed in the line 1 table ▶ 14.

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990)

THE TROY FOUNDATION

31-6018703

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS, BIG SISTERS OF THE GREATER MIAMI VALLEY - 22 SOUTH JEFFERSON STREET - DAYTON, OH 45402	31-0641306	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT; MENTOR TROY
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	73,710.	0.			ENVIRONMENT; GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	50,000.	0.			ENVIRONMENT; PARKING LOT & DRIVE PAVING PROJECT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	36,269.	0.			ENVIRONMENT; CAROLYN HENSLEY LIFE INSURANCE POLICY DISBURSEMENT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	29,820.	0.			ENVIRONMENT; GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	17,939.	0.			ANIMAL RELATED (WILDLIFE PROTECTION/PRESERVATION)
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	13,395.	0.			COMMUNITY IMPROVEMENT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	8,371.	0.			ENVIRONMENT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	5,134.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING; GENERAL SUPPORT

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THE TROY FOUNDATION

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO, FL 32862-8222	26-4068192	501(C)(3)	5,800.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
CANINE COMPANIONS 2965 DUTTON AVENUE SANTA ROSA, CA 95407	94-2494324	501(C)(3)	25,000.	0.			HEALTH & HUMAN SERVICES
CANINE COMPANIONS FOR INDEPENDENCE 8150 CLARCONA OCOCE RD. ORLANDO, FL 32818	94-2494324	501(C)(3)	25,000.	0.			HEALTH & HUMAN SERVICES
CHURCH OF THE MESSIAH 51 N. STATE ST. WESTERVILLE, OH 43081	31-4386268	501(C)(3)	10,000.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT; BRADLEY'S HOUSE OF HOPE
CITY OF TROY, OHIO 100 SOUTH MARKET STREET TROY, OH 45373	31-6000549	TROY	17,910.	0.			BEAUTIFICATION; POLICE DEPARTMENT BODY-WORN CAMERAS
CITY OF TROY, OHIO 100 SOUTH MARKET STREET TROY, OH 45373	31-6000549	TROY	15,000.	0.			BEAUTIFICATION; INDEPENDENCE DAY CELEBRATION
CITY OF TROY, OHIO 100 SOUTH MARKET STREET TROY, OH 45373	31-6000549	TROY	14,500.	0.			EVENT EXPENSE
CITY OF TROY, OHIO 100 SOUTH MARKET STREET TROY, OH 45373	31-6000549	TROY	10,000.	0.			BEAUTIFICATION; 9/11 NEVER FORGET MOBILE EXHIBIT
CITY OF TROY, OHIO 100 SOUTH MARKET STREET TROY, OH 45373	31-6000549	TROY	10,000.	0.			BEAUTIFICATION; TUNNEL TO TOWERS

Schedule I (Form 990)

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THE TROY FOUNDATION

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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 noncash 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 SOUTH KUTHER ROAD SIDNEY, OH 45365	31-0982443	501(C)(3)	45,136.	0.			SOCIAL SERVICES; GENERAL SUPPORT
CROSSROADS CHURCH 1127 SURREY CRESCENT NORFOLK, VA 23508	54-1953835	501(C)(3)	10,500.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
DARKE COUNTY JUNIOR FAIR 800 SWEITZER ST. GREENVILLE, OH 45331	34-4215590	501(C)(3)	8,368.	0.			YOUTH DEVELOPMENT; GENERAL SUPPORT
DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 45405	31-0537480	501(C)(3)	10,268.	0.			ARTS, CULTURE AND HUMANITIES; SUPPORT FOR THE ENDOWMENT FUND
DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	75,000.	0.			HEALTH & HUMAN SERVICES; MENTAL HEALTH AND REACHING NEW HEIGHTS
DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	27,000.	0.			HEALTH & HUMAN SERVICES; REACHING NEW HEIGHTS CAMPAIGN
DAYTON CHILDREN'S HOSPITAL FOUNDATION - ONE CHILDREN'S PLAZA - DAYTON, OH 45404	31-1045247	501(C)(3)	25,000.	0.			HEALTH & HUMAN SERVICES; ACTIVITY THERAPY FOR DAY TREATMENT PROGRAM
DAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK DAYTON, OH 45469	26-0463618	501(C)(3)	70,000.	0.			EDUCATION; GENERAL SUPPORT
DAYTON PERFORMING ARTS ALLIANCE 126 NORTH MAIN STREET DAYTON, OH 45402	31-6000101	501(C)(3)	50,000.	0.			ARTS, CULTURE AND HUMANITIES; 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYTON PERFORMING ARTS ALLIANCE 126 NORTH MAIN STREET DAYTON, OH 45402	31-6000101	501(C)(3)	10,268.	0.			ARTS, CULTURE AND HUMANITIES; ENDOWMENT FUND TO BENEFIT THE DAYTON PHILHARMONIC
DOROTHY LOVE RETIREMENT COMMUNITY 3003 WEST CISCO ROAD SIDNEY, OH 45365	34-4429863	501(C)(3)	9,846.	0.			HEALTH & HUMAN SERVICES; SUPPORT FOR DOROTHY LOVE LIFECARE FUND
DREAM BUILDERS GROUP INC. 6759 SOUTH COUNTY ROAD 25A TIPP CITY, OH 45371	31-1405053	501(C)(3)	8,700.	0.			EDUCATION; CLUBHOUSE INTERNSHIP
F. J. STALLO PUBLIC LIBRARY 196 EAST 4TH STREET MINSTER, OH 45865	34-1788090	501(C)(3)	6,000.	0.			EDUCATION; F.J. STALLO LIBRARY PURPOSES
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	30,000.	0.			SOCIAL SERVICES; SUPPORT FOR RENOVATION OF NEW BUILDING
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	22,550.	0.			SOCIAL SERVICES
FAUST FULKER & SCHLEMMER REAL ESTATE TRUST ACCOUNT - 12 SOUTH CHERRY STREET - TROY, OH 45373			261,000.	0.			ADMINISTRATIVE EXPENSE; PROGRAM EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION: PURCHASE
FIRST KIDS COOPERATIVE PRESCHOOL 110 W. FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	8,000.	0.			EDUCATION; PLAYGROUND RESURFACING PROJECT
FIRST PLACE FOOD PANTRY, INC. PO BOX 81 TROY, OH 45373	47-0994740	501(C)(3)	28,500.	0.			EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH)

Schedule I (Form 990)

Schedule I (Form 990)

THE TROY FOUNDATION

31-6018703

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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 noncash 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 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	14,850.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT; GENERAL SUPPORT
FIRST UNITED CHURCH OF CHRIST 120 SOUTH MARKET STREET TROY, OH 45373	13-1957221	501(C)(3)	8,000.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT; BACKPACK FOOD PROGRAM
FIRST UNITED CHURCH OF CHRIST 120 SOUTH MARKET STREET TROY, OH 45373	13-1957221	501(C)(3)	7,600.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT; GENERAL SUPPORT - ROBINSON
FIRST UNITED CHURCH OF CHRIST 120 SOUTH MARKET STREET TROY, OH 45373	13-1957221	501(C)(3)	6,000.	0.			FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAM
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	15,027.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT; GENERAL SUPPORT
FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	15,915.	0.			SOCIAL SERVICES; GENERAL SUPPORT
FRIENDS OF HAYNER, INC. 301 WEST MAIN STREET TROY, OH 45373	31-1081395	501(C)(3)	18,000.	0.			ARTS, CULTURE AND HUMANITIES; REPLACEMENT OF HOUSE CARPETING
FRIENDS OF HAYNER, INC. 301 WEST MAIN STREET TROY, OH 45373	31-1081395	501(C)(3)	16,234.	0.			ARTS, CULTURE AND HUMANITIES; GENERAL SUPPORT
FRIENDS OF HAYNER, INC. 301 WEST MAIN STREET TROY, OH 45373	31-1081395	501(C)(3)	14,250.	0.			ARTS, CULTURE AND HUMANITIES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 WEST MAIN STREET TROY, OH 45373	31-1081395	501(C)(3)	5,134.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING; PROPERTY IMPROVEMENT AND
FRIENDS OF THOM & PAT ROBINSON CHARITABLE CHECKING FUND - 1840 TOWNE PARK DRIVE - TROY, OH 45373			15,000.	0.			BEAUTIFICATION
GINGHAMSBURG CHURCH 6759 SOUTH COUNTY ROAD 25A TIPP CITY, OH 45371	31-0808339	501(C)(3)	42,000.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT; GENERAL SUPPORT
GLOBAL FRIENDSHIP HOUSE 1241 W. 43RD STREET NORFOLK, VA 23508	26-3754915	501(C)(3)	5,500.	0.			SOCIAL SERVICES
GOODWILL EASTERSEALS OF MIAMI VALLEY - 660 SOUTH MAIN STREET - DAYTON, OH 45402	31-0537112	501(C)(3)	6,840.	0.			SOCIAL SERVICES; PIQUA ADULT DAY SUPPORT ART WELLNESS PROGRAM
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	87,765.	0.			HEALTH & HUMAN SERVICES
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	30,000.	0.			PUBLIC HEALTH
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373-1359	31-1596731	501(C)(3)	5,217.	0.			SOCIAL SERVICES
HOSPICE OF MIAMI COUNTY, INC. 3230 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	179,384.	0.			HEALTH & HUMAN SERVICES; GENERAL SUPPORT

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HOSPICE OF MIAMI COUNTY, INC. 3230 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	100,000.	0.			HEALTH & HUMAN SERVICES; BUILDING CAMPAIGN
HOSPICE OF MIAMI COUNTY, INC. 3230 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	100,000.	0.			HEALTH & HUMAN SERVICES; HOSPICE HOUSE - GREAT ROOM -STEVEN'S ROOM
HOSPICE OF MIAMI COUNTY, INC. 3230 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	20,000.	0.			HEALTH & HUMAN SERVICES; SUPPORT FOR THE NEW FREESTANDING BUILDING
HOSPICE OF MIAMI COUNTY, INC. 3230 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	8,368.	0.			HEALTH & HUMAN SERVICES; SUPPORT FOR RESIDENTS OF MIAMI COUNTY
I.D.E.A. TROY 969 DICKERSON DRIVE TROY, OH 45373	31-6018703	501(C)(3)	10,000.	0.			FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAM
ISAIAH'S PLACE 61 SOUTH STANFIELD ROAD TROY, OH 45373	01-0779327	501(C)(3)	10,174.	0.			EDUCATION; SENSORY THERAPY SPACE
JOSHUA RECOVERY MINISTRIES, INC. 3902 PEPPER TREE COURT DAYTON, OH 45424	26-1584204	501(C)(3)	20,000.	0.			HEALTH & HUMAN SERVICES; TROY RECOVERY HOUSE
JUNIOR ACHIEVEMENT OF OKI PARTNERS, INC. - 644 LINN ST. - CINCINNATI, OH 45203	32-0014307	501(C)(3)	7,800.	0.			EDUCATION
KETTERING MEDICAL CENTER FOUNDATION - 3535 SOUTHERN BLVD. - KETTERING, OH 45429	23-7419897	501(C)(3)	20,000.	0.			HEALTH & HUMAN SERVICES; FAXITRON FOR KETTERING HEALTH - TROY

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KIWANIS CLUB OF PIQUA K 02086 PO BOX 738 PIQUA, OH 45356	31-6039494	501(C)(3)	15,329.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING; GENERAL SUPPORT FOR PROJECTS IN
KIWANIS CLUB OF TROY, INC. 250 CRESTWOOD DR. TROY, OH 45373	31-0708676	501(C)(3)	22,326.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING; FAMILY ABUSE SHELTER SUPPORT AND OTHER
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	75,000.	0.			EDUCATION; FACILITIES UPDATING
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	12,545.	0.			EDUCATION
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	6,278.	0.			ADMINISTRATIVE EXPENSE; PROGRAM EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION
LEVEL MB CONSTRUCTION 226 SOUTH MARKET ST. TROY, OH 45373	46-5179323		49,768.	0.			ADMINISTRATIVE EXPENSE; PROGRAM EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	217,112.	0.			RECREATIONAL
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	100,000.	0.			RECREATIONAL; BUILDING CAMPAIGN
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	68,079.	0.			RECREATIONAL; BUILDING FUND DONATION MATCH

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LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	50,000.	0.			RECREATIONAL; AFTER SCHOOL ENRICHMENT PROGRAM
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	42,846.	0.			RECREATIONAL; SUMMER LUNCH PROGRAM
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	32,420.	0.			RECREATIONAL; OUTDOOR PLAYGROUND EQUIPMENT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	22,532.	0.			RECREATIONAL; LEGACY CAMPAIGN
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	5,134.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING; GENERAL SUPPORT
LINWORTH BAPTIST CHURCH 6200 LINWORTH ROAD WORTHINGTON, OH 43085	31-0647236	501(C)(3)	12,000.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
MAJOR SCULPTURE 3865 W. US HIGHWAY 36 URBANA, OH 43078			155,000.	0.			ENVIRONMENT; SCULPTURE PROJECT
MAPLE TREE CANCER ALLIANCE 425 N. FINDLAY ST. DAYTON, OH 45404	27-4113397	501(C)(3)	7,500.	0.			HEALTH & HUMAN SERVICES; GROUP EXERCISE ONCOLOGY PROGRAM
MIAMI COUNTY AGRICULTURAL SOCIETY 650 NORTH COUNTY ROAD 25A TROY, OH 45373	31-0512071	501(C)(3)	6,000.	0.			ARTS, CULTURE AND HUMANITIES; 911 MEMORIAL WEEKEND EVENT

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MIAMI COUNTY CONTINUUM OF CARE 180 EAST RACE ST. TROY, OH 45373	27-2135208	501(C)(3)	34,500.	0.			SOCIAL SERVICES; RIDES TO WORK
MIAMI COUNTY CONTINUUM OF CARE 180 EAST RACE ST. TROY, OH 45373	27-2135208	501(C)(3)	10,000.	0.			EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH)
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	64,790.	0.			HEALTH & HUMAN SERVICES
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	18,500.	0.			HEALTH & HUMAN SERVICES; OPERATING SUPPORT
MIAMI COUNTY JUNIOR FAIR 650 NORTH COUNTY ROAD 25A TROY, OH 45373	31-0512071	501(C)(3)	8,368.	0.			YOUTH DEVELOPMENT; GENERAL SUPPORT
MIAMI COUNTY LOCAL FOOD COUNCIL PO BOX 334 TROY, OH 45373	81-3339080	501(C)(3)	10,000.	0.			SOCIAL SERVICES; CHERRY STREET LOCAL FARMERS MARKET
MIAMI COUNTY PARK DISTRICT 2645 E ST. RT. 41 TROY, OH 45373	31-6000055	501(C)(3)	10,000.	0.			RECREATIONAL; SCIENCE ALIVE! HUG THE EARTH EVENT
MIAMI COUNTY PARK DISTRICT 2645 E ST. RT. 41 TROY, OH 45373	31-6000055	501(C)(3)	8,000.	0.			ENVIRONMENT
MIAMI COUNTY PUBLIC HEALTH DEPARTMENT - 510 W. WATER STREET - TROY, OH 45373	31-6000055	MIAMI COUNTY	7,487.	0.			PUBLIC HEALTH

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MIAMI COUNTY VISITORS AND CONVENTION BUREAU - 405 PUBLIC SQUARE SOUTHWEST - TROY, OH 45373	31-1315269	501(C)(6)	12,000.	0.			RECREATIONAL; DONUT JAM/TOUR DE DONUT
MIAMI COUNTY YMCA 223 WEST HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	35,000.	0.			RECREATIONAL; BUILDING FUND
MIAMI COUNTY YMCA 223 WEST HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	33,099.	0.			RECREATIONAL
MIAMI COUNTY YMCA 223 WEST HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	10,000.	0.			RECREATIONAL; BUILDING PROJECT CAMPAIGN IN PIQUA
MIAMI VALLEY COUNCIL BOY SCOUTS OF AMERICA - 7285 POE AVENUE - DAYTON, OH 45414	31-0537124	501(C)(3)	7,500.	0.			YOUTH DEVELOPMENT; TROY SCOUTING
MIAMI VALLEY VETERANS MUSEUM 2245 SOUTH COUNTY ROAD 25A TROY, OH 45373	27-2517593	501(C)(3)	30,598.	0.			EDUCATION; BALANCE OF CHARITABLE CHECKING FUND
MIAMI VALLEY VETERANS MUSEUM 2245 SOUTH COUNTY ROAD 25A TROY, OH 45373	27-2517593	501(C)(3)	15,000.	0.			EDUCATION; MEETING THE CODES
MIAMI VALLEY VETERANS MUSEUM 2245 SOUTH COUNTY ROAD 25A TROY, OH 45373	27-2517593	501(C)(3)	11,597.	0.			EDUCATION; CLIMATE CONTROL UNITS
MIAMI VALLEY VETERANS MUSEUM 2245 SOUTH COUNTY ROAD 25A TROY, OH 45373	27-2517593	501(C)(3)	11,401.	0.			EDUCATION; BUILDING EXPENSES

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MIAMI VALLEY VETERANS MUSEUM 2245 SOUTH COUNTY ROAD 25A TROY, OH 45373	27-2517593	501(C)(3)	5,794.	0.			EDUCATION; RON ERWIN LAND CONTRACT PAYMENT
MRS. B'S CATERING 101 N. MAIN STREET PLEASANT HILL, OH 45359	46-4551332		7,348.	0.			ADMINISTRATIVE EXPENSE; PROGRAM EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION
NEW CREATION COUNSELING CENTER 7695 SOUTH COUNTY ROAD 25A TIPP CITY, OH 45371	31-1409864	501(C)(3)	22,000.	0.			SOCIAL SERVICES; COUNSEL & PSYCHIATRIC SVCS FOR MIAMI CO RESIDENTS
OHIO COUNCIL OF DELIBERATION SCHOLARSHIP FUND - DEPUTY OF THE ORIENT OF OHIO - CINCINNATI, OH 45213-2023	32-0247237	501(C)(3)	31,421.	0.			EDUCATION; PERLEMA AND GRACE SEWELL SCHOLARSHIP
OREGON PRINTING 29 NORTH JUNE STREET DAYTON, OH 45403			13,625.	0.			ADMINISTRATIVE EXPENSE; PROGRAM EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION: PRINTING
OSU EXTENSION/MIAMI COUNTY 201 WEST MAIN STREET TROY, OH 45373	31-6025986	501(C)(3)	18,436.	0.			EDUCATION
OUR FARM SANCTUARY 6495 AGENBROAD RD TIPP CITY, OH 45371-8758	83-2712332	501(C)(3)	50,000.	0.			ANIMAL RELATED (WILDLIFE PROTECTION/PRESERVATION); GENERAL SUPPORT
OVERFIELD TAVERN MUSEUM 201 EAST WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	84,000.	0.			EDUCATION
PARTNERS IN HOPE 180 EAST RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	30,000.	0.			SOCIAL SERVICES; DEVELOPMENT, EDUCATION AND MANAGEMENT PROGRAMMING

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PARTNERS IN HOPE 180 EAST RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	20,390.	0.			SOCIAL SERVICES; GENERAL SUPPORT
PARTNERS IN HOPE 180 EAST RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	11,350.	0.			EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH)
PARTNERS IN HOPE 180 EAST RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	9,000.	0.			HEALTH & HUMAN SERVICES
PINK RIBBON GIRLS, INC. 350 HULS DRIVE CLAYTON, OH 45315	32-0020270	501(C)(3)	281,250.	0.			HEALTH & HUMAN SERVICES
PIQUA COMMUNITY FOUNDATION P.O. BOX 226 PIQUA, OH 45356	31-1391908	501(C)(3)	10,000.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING; PIQUA CATHOLIC ENDOWMENT FUND
REHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOOL - 1306 GARBRY RD - PIQUA, OH 45356-8219	23-7202001	501(C)(3)	15,330.	0.			PUBLIC HEALTH; GENERAL SUPPORT FOR PROJECTS IN PIQUA, OHIO
REHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOOL - 1306 GARBRY RD - PIQUA, OH 45356-8219	23-7202001	501(C)(3)	5,925.	0.			PUBLIC HEALTH; PROCEDURE EXAM CHAIR
RELIANT MISSION 11002 LAKE HART DRIVE ORLANDO, FL 32832	52-1707002	501(C)(3)	5,700.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT; MISSION SUPPORT #FD5124
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	94,263.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT; REPAIR, MAINT & GENERAL UPKEEP OF CHURCH/PARSONAGE

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RIVERSIDE MIAMI COUNTY BOARD OF DEVELOPMENTAL DISABILITIES - 1625 N. TROY-SIDNEY ROAD - TROY, OH 45373		MIAMI COUNTY	7,231.	0.			EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF THE MIAMI VALLEY REGION INC. - 555 VALLEY STREET - DAYTON, OH 45404	31-0964793	501(C)(3)	7,500.	0.			SOCIAL SERVICES; KEEPING FAMILIES CLOSE PROGRAM
RT INDUSTRIES 110 FOSS WAY TROY, OH 45373	31-0855035	501(C)(3)	12,000.	0.			SOCIAL SERVICES; SERVICE AREA IMPROVEMENT PROJECT
SALVATION ARMY - PIQUA PO BOX 615 PIQUA, OH 45356	22-2406433	501(C)(3)	8,367.	0.			SOCIAL SERVICES; SUPPORT FOR RESIDENTS OF MIAMI COUNTY
ST. BONIFACE CHURCH 310 STREET DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	11,800.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT; GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 SOUTH WALNUT STREET TROY, OH 45373	13-1957221	501(C)(3)	12,583.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT; GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 EAST MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	128,079.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
ST. PATRICK CATHOLIC SCHOOL 420 EAST WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	36,900.	0.			EDUCATION
ST. PATRICK SOUP KITCHEN 25 NORTH MULBERRY STREET TROY, OH 45373	30-0391714	501(C)(3)	10,500.	0.			SOCIAL SERVICES; GENERAL SUPPORT

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ST. PATRICK SOUP KITCHEN 25 NORTH MULBERRY STREET TROY, OH 45373	30-0391714	501(C)(3)	10,000.	0.			EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH)
ST. PATRICK SOUP KITCHEN 25 NORTH MULBERRY STREET TROY, OH 45373	30-0391714	501(C)(3)	8,200.	0.			FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAM
ST. PAUL'S CHURCH OF CHRIST, SIDNEY - 707 NORTH OHIO AVENUE - SIDNEY, OH 45365	34-4469953	501(C)(3)	6,564.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT; GENERAL SUPPORT
SUPERIOR RECREATIONAL PRODUCTS 1050 COLUMBIA DR. CARROLLTON, GA 30117			21,660.	0.			RECREATIONAL; GAZEBO
TCN BEHAVIORAL HEALTH 452 W MARKET ST. XENIA, OH 45385	31-1305635	501(C)(3)	40,000.	0.			MISCELLANEOUS; GENERAL SUPPORT
THE FUTURE BEGINS TODAY PO BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	25,401.	0.			EDUCATION
THE FUTURE BEGINS TODAY PO BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	22,000.	0.			EDUCATION; OPERATIONS, SCHOLARSHIPS, AND ADMINISTRATION
THE NATURE CONSERVANCY P.O. BOX 1562 MERRIFIELD, VA 22116-9594	53-0242652	501(C)(3)	14,000.	0.			ENVIRONMENT
THE NATURE CONSERVANCY, OHIO CHAPTER - 6375 RIVERSIDE DRIVE - DUBLIN, OH 43017	53-0242652	501(C)(3)	10,352.	0.			ENVIRONMENT; GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO STATE UNIVERSITY FOUNDATION - 1480 W. LANE AVENUE - COLUMBUS, OH 43271-0811	31-1145986	501(C)(3)	200,000.	0.			EDUCATION
THE OVERFIELD SCHOOL 172 SOUTH RIDGE AVENUE TROY, OH 45373	31-1088546	501(C)(3)	37,500.	0.			EDUCATION; GENERAL SUPPORT
THE SINCLAIR COMMUNITY COLLEGE FOUNDATION - 444 W. THIRD ST. - DAYTON, OH 45402-1460	23-7032312	501(C)(3)	10,000.	0.			EDUCATION
TIPP CITY PUBLIC LIBRARY 11 EAST MAIN STREET TIPP CITY, OH 45371	31-6000554	501(C)(3)	15,270.	0.			EDUCATION; PURCHASE OF BOOK AND MAGAZINES FOR ADULTS
TIPP CITY PUBLIC LIBRARY 11 EAST MAIN STREET TIPP CITY, OH 45371	31-6000554	501(C)(3)	5,968.	0.			EDUCATION
TRAILHEAD LABS, INC. 388 MARKET ST. SAN FRANCISCO, CA 94111			7,500.	0.			RECREATIONAL; OUTERSPATIAL SET UP
TROY BASEBALL PARENTS ASSOCIATION 151 STAUNTON RD. TROY, OH 45373	46-1625177		6,680.	0.			RECREATIONAL; MARKET STREET FIELD RENOVATION
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	8,840.	0.			EDUCATION
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	8,045.	0.			EDUCATION; WEIGHT LIFTING EQUIPMENT, JUNIOR HIGH

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROY CIVIC THEATRE, INC. P.O. BOX 491 TROY, OH 45373	31-0918307	501(C)(3)	5,691.	0.			ARTS, CULTURE AND HUMANITIES; WIFI UPGRADE
TROY COMMUNITY FM - POWER 107.1 WTJN - 315 SOUTH PUBLIC SQUARE - TROY, OH 45373	35-2484745	501(C)(3)	30,000.	0.			ADMINISTRATIVE EXPENSE; PROGRAM EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION
TROY COMMUNITY WORKS 221 E. MAIN ST. TROY, OH 45373	26-1535401	501(C)(3)	48,166.	0.			SOCIAL SERVICES; COLEMAN-ALLEN-SAIDLEMAN CAS BUILDING PROJECT
TROY DEVELOPMENT COUNCIL 405 SOUTHWEST PUBLIC SQUARE TROY, OH 45373	31-1736034	501(C)(3)	53,500.	0.			EDUCATION; ASSISTANCE TO BUSINESSES AFFECTED BY COVID-19
TROY DOLLARS FOR COLLEGE FUND 216 W. FRANKLIN STREET TROY, OH 45373	31-6018703		21,500.	0.			EDUCATION
TROY HIGH SCHOOL SOFTBALL PARENTS ASSOCIATION - 151 W. STAUNTON RD. - TROY, OH 45373-0752	38-3736476	501(C)(3)	6,500.	0.			RECREATIONAL
TROY HIGH SCHOOL SOFTBALL PARENTS ASSOCIATION - 151 W. STAUNTON RD. - TROY, OH 45373-0752	38-3736476	501(C)(3)	6,000.	0.			RECREATIONAL; MARKET STREET SOFTBALL FIELD IMPROVEMENTS
TROY JUNIOR BASEBALL INC. P.O. BOX 892 TROY, OH 45373	31-0951607	501(C)(3)	8,775.	0.			YOUTH DEVELOPMENT; FIELD IMPROVEMENTS AT ELDEAN ROAD LOCATION
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	8,010.	0.			ARTS, CULTURE AND HUMANITIES; GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

THE TROY FOUNDATION

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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 noncash 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 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	7,750.	0.			ARTS, CULTURE AND HUMANITIES
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	5,125.	0.			EVENT EXPENSE
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 WEST MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	20,558.	0.			EDUCATION; TO PURCHASE BOOK AND MAGAZINES
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 WEST MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	15,270.	0.			EDUCATION; PURCHASE OF BOOKS AND MAGAZINES FOR ADULTS
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 WEST MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	5,850.	0.			EDUCATION; GENERAL SUPPORT
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 WEST MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	5,100.	0.			EDUCATION; WATER BOTTLE FILLING STATIONS
UNITED WAY OF MIAMI COUNTY 116 WEST FRANKLIN STREET TROY, OH 45373	31-0619209	501(C)(3)	34,970.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF MIAMI COUNTY 116 WEST FRANKLIN STREET TROY, OH 45373	31-0619209	501(C)(3)	6,227.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING; GENERAL SUPPORT
UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON, OH 45469	31-0536715	501(C)(3)	10,100.	0.			EDUCATION

Schedule I (Form 990)

Schedule I (Form 990)

THE TROY FOUNDATION

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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 noncash 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)	23,500.	0.			EDUCATION
UPPER VALLEY CAREER CENTER EDUCATION ASSOCIATION - 2262 OWENS ROAD - PLEASANT HILL, OH 45359	46-4260262	501(C)(3)	10,264.	0.			EDUCATION
UPPER VALLEY MEDICAL CENTER 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-0537095	501(C)(3)	5,196.	0.			HOSPITAL; SUPPORT FOR MICROBIOLOGY DEPARTMENT
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	123,395.	0.			HEALTH & HUMAN SERVICES; SPECIAL CARE NURSERY RENOVATION AND UPGRADE
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	25,605.	0.			HEALTH & HUMAN SERVICES
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	20,000.	0.			HEALTH & HUMAN SERVICES; CARDIOPULMONARY REHABILITATION CENTER PROJECT
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	7,500.	0.			HEALTH & HUMAN SERVICES; CANCER AWARENESS SYMPOSIUM SPEAKER
VILLAGE OF VERSAILLES, OHIO PO BOX 288 VERSAILLES, OH 45380	34-6401515	VERSAILLES	10,000.	0.			ADMINISTRATIVE EXPENSE; PROGRAM EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION: PURCHASE
WE LOVE BIRTHDAY PARTIES 1597 NORTH ROAD TROY, OH 45373	84-1978157	501(C)(3)	6,180.	0.			YOUTH DEVELOPMENT; BIRTHDAY CELEBRATIONS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST OHIO CONFERENCE OF THE UNITED METHODIST CHURCH - 32 WESLEY BLVD. - WORTHINGTON, OH 43085	31-4420544	501(C)(3)	94,263.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT; BLACK COLLEGE FUND, MINISTER'S RETIREMENT, CAMPERSHIPS
WESTSIDE NEIGHBORHOOD SCHOOL 5401 BEETHOVEN STREET LOS ANGELES, CA 90066	95-3551091	501(C)(3)	10,000.	0.			EDUCATION
WILL-CON, LLC 633 S UNION STREET TROY, OH 45373			7,045.	0.			ADMINISTRATIVE EXPENSE; PROGRAM EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION: REMODEL
WRIGHT STATE UNIVERSITY FOUNDATION 3640 COLONEL GLEN HIGHWAY DAYTON, OH 45435	23-7019799	501(C)(3)	10,500.	0.			EDUCATION
WYSO PUBLIC RADIO 150 E. SOUTH COLLEGE STREET YELLOW SPRINGS, OH 45387-1623	83-0545108	501(C)(3)	150,000.	0.			ARTS, CULTURE AND HUMANITIES; SUPPORT TO ASSIST IN MOVING TO NEW LOCATION
WYSO PUBLIC RADIO 150 E. SOUTH COLLEGE STREET YELLOW SPRINGS, OH 45387-1623	83-0545108	501(C)(3)	12,000.	0.			ARTS, CULTURE AND HUMANITIES; SUPPORT FOR CULTURE COUCH

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	13	4,771.	0.		
ARTS, CULTURE AND HUMANITIES	1	154.	0.		
RECREATIONAL	2	316.	0.		
SCHOLARSHIP	58	490,944.	0.		
JOURNALISM	2	100.	0.		

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

PART I, LINE 2:

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

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BERTKE CREATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: ADMINISTRATIVE EXPENSE; PROGRAM EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION: DESIGN AND LAYOUT OF 2020 ANNUAL REPORT

NAME OF ORGANIZATION OR GOVERNMENT: BERTKE CREATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: ADMINISTRATIVE EXPENSE; PROGRAM EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION: WEBSITE UPDATING AND SPRING THANK YOU CARDS

NAME OF ORGANIZATION OR GOVERNMENT: BERTKE CREATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: ADMINISTRATIVE EXPENSE; PROGRAM EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION: TIPP CITY FOUNDATION DONOR INVITATION

NAME OF ORGANIZATION OR GOVERNMENT: BERTKE CREATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: ADMINISTRATIVE EXPENSE; PROGRAM EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION: WEBSITE HOSTING AND UPDATES, INVOICE #2070

NAME OF ORGANIZATION OR GOVERNMENT: BERTKE CREATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: ADMINISTRATIVE EXPENSE; PROGRAM EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION: 2021 WEBSITE MAINTENANCE

NAME OF ORGANIZATION OR GOVERNMENT: BERTKE CREATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: ADMINISTRATIVE EXPENSE; PROGRAM

Part IV Supplemental Information

EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION: WEBSITE MAINTENANCE

NAME OF ORGANIZATION OR GOVERNMENT: BERTKE CREATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: ADMINISTRATIVE EXPENSE; PROGRAM

EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION: UPDATED AD FOR THE
GAZETTE

NAME OF ORGANIZATION OR GOVERNMENT:

FAUST FULKER & SCHLEMMER REAL ESTATE TRUST ACCOUNT

(H) PURPOSE OF GRANT OR ASSISTANCE: ADMINISTRATIVE EXPENSE; PROGRAM

EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION: PURCHASE OF COTNER
PROPERTY

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF HAYNER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PHILANTHROPY, VOLUNTARISM, AND
GRANTMAKING; PROPERTY IMPROVEMENT AND MAINTENANCE

NAME OF ORGANIZATION OR GOVERNMENT: KIWANIS CLUB OF PIQUA K 02086

(H) PURPOSE OF GRANT OR ASSISTANCE: PHILANTHROPY, VOLUNTARISM, AND
GRANTMAKING; GENERAL SUPPORT FOR PROJECTS IN PIQUA, OHIO

NAME OF ORGANIZATION OR GOVERNMENT: KIWANIS CLUB OF TROY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PHILANTHROPY, VOLUNTARISM, AND
GRANTMAKING; FAMILY ABUSE SHELTER SUPPORT AND OTHER PROJECTS

NAME OF ORGANIZATION OR GOVERNMENT: OREGON PRINTING

(H) PURPOSE OF GRANT OR ASSISTANCE: ADMINISTRATIVE EXPENSE; PROGRAM

EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION: PRINTING AND MAILING OF

Part IV Supplemental Information

2020 ANNUAL REPORT

NAME OF ORGANIZATION OR GOVERNMENT: VILLAGE OF VERSAILLES, OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: ADMINISTRATIVE EXPENSE; PROGRAM

EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION: PURCHASE OF LUCAS CPR
DEVICE

NAME OF ORGANIZATION OR GOVERNMENT: WILL-CON, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: ADMINISTRATIVE EXPENSE; PROGRAM

EXPENSE SUPPORTING A FUND OF THE TROY FOUNDATION: REMODEL CLASSROOMS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <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

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?

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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <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**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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**
- b** Any related organization? **5b**
- 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**
- b** Any related organization? **6b**
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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				
(1) MELISSA KLEPTZ EXECUTIVE DIRECTOR	(i)	114,555.	5,000.	0.	3,960.	34,134.	157,649.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(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.

PART I, LINE 7:

MELISSA KELPTZ RECEIVED A DISCRETIONARY BONUS DURING THE YEAR. THIS BONUS IS REFLECTED ON SCHEDULE J, PART II, COLUMN B(II).

SCHEDULE L (Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

2021

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.

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TURNSTONE FINANCIAL LLC	ENTITY MORE THAN 35	63,195.	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

2021

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	48	2,689,423.	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.		

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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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 IV, LINES 12A AND 12B:

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDING
DECEMBER 31, 2021 ARE NOT ISSUED AS OF THE DUE DATE OF THIS FORM 990.
THE ORGANIZATION EXPECTS ITS 2021 FINANCIAL STATEMENTS WILL BE ISSUED
NOT LATER THAN DECEMBER 31, 2022.

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

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

Schedule O (Form 990) 2021

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

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 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 XI, LINE 9, CHANGES IN NET ASSETS:	
INTERFUND TRANSFERS	40.
MISC ADJUSTMENTS	-5,503.
TOTAL TO FORM 990, PART XI, LINE 9	-5,463.

FORM 990, PART XII, LINE 2C:
THE PROCESS BY WHICH THE ORGANIZATION SELECTS AN INDEPENDENT ACCOUNTANT TO CONDUCT ITS AUDIT HAS NOT CHANGED SINCE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

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

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

Schedule R (Form 990) 2021

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

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

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

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2022

Name THE TROY FOUNDATION	Employer Identification Number 31-6018703
------------------------------------	---

Based on the information provided with this return, the following are possible carryover amounts to next year.

PASSIVE ACTIVITY LOSS - CEDAR FAIR, LP	11,918.
FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT IN PUBLICL	19,400.

Name: THE TROY FOUNDATION

FEIN: 31-6018703

Type and Entity: INVESTMENT IN PUBLICLY POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2019	9,643.										
B	2020	9,757.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

THE TROY FOUNDATION

EIN or SSN

31-6018703

Name and title of officer or person subject to tax

**MELISSA KLEPTZ
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0.</u>
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **RSM US LLP** to enter my PIN **13371**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

31861160621

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **RSM US LLP**

Date **11/10/22**

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**
(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 6

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

MELISSA KLEPTZ

• The books are in the care of ▶ **216 W FRANKLIN ST - TROY, OH 45373-3234**

Telephone No. ▶ **937-339-8935** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2021** or
 ▶ tax year beginning _____, and ending _____.

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

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

Form **990-T**

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

OMB No. 1545-0047

2021

For calendar year 2021 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).**

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

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) 529A

Print or Type

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 ▶ **148,750,693.**

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

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	0.
2	Reserved	2	
3	Add lines 1 and 2	3	
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	
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	
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** (2021)

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 amounts due. 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 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a Payments: A 2020 overpayment credited to 2021	6a		
b 2021 estimated tax payments. Check if section 643(g) election applies	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	6g		
<input type="checkbox"/> Form 4136			
7 Total payments. Add lines 6a through 6g	7		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	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 2022 estimated tax	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 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			Yes No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year		\$	
4 Enter available pre-2018 NOL carryovers here		\$	
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
90000	\$ 19,400.		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a 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 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	EXECUTIVE DIRECTOR	Title
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	KAREN O. CRIM	KAREN O. CRIM	11/10/22	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**

OMB No. 1545-0047

2021

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).

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

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			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
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	0.		

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

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

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

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal property, real and personal property, and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from or allocable to debt-financed property, deductions (straight line, other), total deductions, average acquisition debt, average adjusted basis, and total gross income. Rows 9-11: Allocable deductions, total allocable deductions, and total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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

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

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

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

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

Part XI Supplemental Information (see instructions)

THE TROY FOUNDATION31-6018703

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 1

<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>	<u>AVAILABLE THIS YEAR</u>
12/31/19	9,643.	0.	9,643.	9,643.
12/31/20	9,757.	0.	9,757.	9,757.
NOL CARRYOVER AVAILABLE THIS YEAR			19,400.	19,400.

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

Your social security number

THE TROY FOUNDATION

31-6018703

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

Table with 6 columns: (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. Row 1: CEDAR FAIR, LP, P, 34-1560655.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction, (k) Nonpassive income from Schedule K-1. Includes Totals and summary rows 29a, 29b, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes Totals and summary rows 34a, 34b, 35, 36, 37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes summary row 39.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40 (Net farm rental income), 41 (Total income or loss), 42 (Reconciliation of farming and fishing income), 43 (Reconciliation for real estate professionals).

Form **8582**

Passive Activity Loss Limitations

OMB No. 1545-1008

Department of the Treasury
Internal Revenue Service (99)

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

2021
Attachment
Sequence No. **858**

Name(s) shown on return THE TROY FOUNDATION	Identifying number 31-6018703
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Part I 2021 Passive Activity Loss

Caution: Complete Parts IV and V 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 Part IV, column (a))	1a	
b Activities with net loss (enter the amount from Part IV, column (b))	1b ()	
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c ()	
d Combine lines 1a, 1b, and 1c		1d

All Other Passive Activities		
2a Activities with net income (enter the amount from Part V, column (a))	2a	
b Activities with net loss (enter the amount from Part V, column (b))	2b (2,359.)	
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c (9,559.)	
d Combine lines 2a, 2b, and 2c		2d -11,918.
3 Combine lines 1d and 2d. 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 or 2c. Report the losses on the forms and schedules normally used		3 -11,918.

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

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. Instead, go to line 10.

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.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	
5 Enter \$150,000. If married filing separately, see instructions	5	
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	
7 Subtract line 6 from line 5	7	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8	9	

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	
11 Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return SEE STATEMENT 5	11	0.

Part IV Complete This Part Before Part I, 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 Part I, lines 1a, 1b, and 1c ... ▶					

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2021)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR PART V					
Total. Enter on Part I, lines 2a, 2b, and 2c ... ▶		- 2,359.	- 9,559.		

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. 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					

Part VII 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 PART VII				
Total		11,918.		11,918.

Part VIII 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 PART VIII				
Total		11,918.	11,918.	0.

Part IX 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 - PART V

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.	-2,359.	-9,559.		-11,918.
TOTALS	0.	-2,359.	-9,559.		-11,918.

FORM 8582

ALLOCATION OF UNALLOWED LOSSES - PART VII

STATEMENT 3

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED
				LOSS
CEDAR FAIR, LP	SCH E	11,918.	1.000000000	11,918.
TOTALS		11,918.	1.000000000	11,918.

FORM 8582

ALLOWED LOSSES - PART VIII

STATEMENT 4

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED	ALLOWED
			LOSS	LOSS
CEDAR FAIR, LP	SCH E	11,918.	11,918.	
TOTALS		11,918.	11,918.	

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	ALLOWED
					LOSS	LOSS
CEDAR FAIR, LP	SCH E	-2,359.	-9,559.	-11,918.	11,918.	
TOTALS		-2,359.	-9,559.	-11,918.	11,918.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 11