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Form

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 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. OMB No. 1545-0047

Depa Interr	operation operation operation operation ernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection						
AF	or th	e 2022 calendar year, or tax year beginning a	nd end	ing			
	heck if pplicab				D Employer identified	ation number	
	Addre						
F	Name				31-60187	03	
	Initial		Boo	m/suite	E Telephone number		
		216 W FRANKLIN ST			937-339-8		
	termi				G Gross receipts \$	25,854,965.	
	Amer returr				H(a) Is this a group re		
	Appli tion	F Name and address of principal officer: MEDISSA KIEFIZ				? Yes X No	
	pend	SAME AS C ABOVE			H(b) Are all subordinates in		
11	ax-ex	xempt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)	(1) or 🗌	527	If "No," attach a	list. See instructions	
J١	Vebs	ite: WWW.THETROYFOUNDATION.ORG			H(c) Group exemption	n number	
KF	orm o	f organization: Corporation X Trust Association Other		L Year of	of formation: 1924 N	A State of legal domicile: OH	
Pa	art I	Summary					
đ	1	Briefly describe the organization's mission or most significant activities: \underline{TO}					
Governance		FOR OUR COMMUNITY BY CONNECTING DONORS	TO C	HARI	TABLE CAUSE	S FOR	
srna	2	Check this box if the organization discontinued its operations or dis	posed c	of more	than 25% of its net ass		
Š	3					10	
	4	Number of independent voting members of the governing body (Part VI, line 1)				10	
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)				9	
Activities &	6	Total number of volunteers (estimate if necessary)				15	
Act		Total unrelated business revenue from Part VIII, column (C), line 12				0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	<u> </u>		0.	
					Prior Year 9,886,786.	Current Year 5,817,810.	
ne	8	Contributions and grants (Part VIII, line 1h)			9,000,700.	0.	
Revenue	9	Program service revenue (Part VIII, line 2g)			4,741,833.	5,826,134.	
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			10,335.	58,045.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			14,638,954.	11,701,989.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12			7,021,969.	7,475,924.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.	
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)			469,996.	529,924.	
ses	162	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.	
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25)	0.		••		
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		_	589,029.	598,479.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			8,080,994.	8,604,327.	
	19	Revenue less expenses. Subtract line 18 from line 12			6,557,960.	3,097,662.	
or					inning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1	48,750,693.	123,423,524.	
Ass	21	Total liabilities (Part X, line 26)			10,167,346.	7,802,362.	
_Net	22	Net assets or fund balances. Subtract line 21 from line 20			38,583,347.	115,621,162.	
Pa	art II					· · · · · · · · · · · · · · · · · · ·	
Und	er pen		lules and	stateme	nts, 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	Signature of officer			Date		
Here	MELISSA KLEPTZ, EXECUTIVE	DIRECTOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	KAREN O. CRIM	KAREN O. CRIM	11/14,	/23 self-employed P00368385		
Preparer	Firm's name RSM US LLP			Firm's EIN 42-0714325		
Use Only	Firm's address 6 S PATTERSON BLV	D				
	DAYTON, OH 45402 Phone no.937-298-0201					
May the I	May the IRS discuss this return with the preparer shown above? See instructions					
232001 12-1	3-22 I HA For Paperwork Beduction Act Notic	e, see the separate instructions.		Form 990 (2022)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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	or Name of exempt organization or other filer, see instructions. Tax THE TROY FOUNDATION Tax				Taxpayer identification number (TIN)		
print							
File by the due date for filing your return. See	V the ate for Number, street, and room or suite no. If a P.O. box, see instructions.						
instruction	TROY, OH 45373-3234						
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)	<u></u>			
Applica	tion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	00 or Form 990-EZ	01	Form 1041-A			08	
Form 47	720 (individual)	03	Form 4720 (other than individual)			09	
Form 99	90-PF	04	Form 5227			10	
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	90-T (trust other than above)	06	Form 8870			12	
Form 99	00-T (corporation) MELISSA KLEPTZ	07					
 If the If this box 1 Ir th th 	request an automatic 6-month extension of time until the organization named above. The extension is for the orgation \mathbf{X} calendar year 2022 or	Group Exe and atta NOVE1 anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>MBER 15, 2023</u> , to file return for: d ending	f this is fo all membe	r the whole gro ers the extension opt organizatio	on is for.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and		Ψ		
e	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.	
сB	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by			-	
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.	
Cautior instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879-T	E for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 88	68 (Rev. 1-2022)	

	990 (2022) THE TROY FOUNDATION	31-6018703 _{Pag}	e 2
Pa	rt III Statement of Program Service Accomplishments	_	
	Check if Schedule O contains a response or note to any line in this Part III	. <u></u>	
1	Briefly describe the organization's mission: <u>TO IMPROVE THE QUALITY OF LIFE FOR OUR COMMUNITY BY CO</u> <u>TO MEANINGFUL CAUSES FOR A BETTER TOMORROW.</u>	NNECTING DONORS	
2	Did the organization undertake any significant program services during the year which were not listed on th prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic If "Yes," describe these changes on Schedule O.	Yes X	No
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	others, the total expenses, and	
4a	(Code:) (Expenses \$ 7,749,570. including grants of \$ 7,475,924.)	Revenue \$)
	IN 2022, THE TROY FOUNDATION PROVIDED OVER 1,900 GRANT		_ ′
	ORGANIZATIONS PROVIDING SERVICES IN THE AREAS OF ARTS	AND CULTURE,	
	EDUCATION, HEALTH AND HUMAN SERVICES, SOCIAL SERVICES,	•	
	DEVELOPMENT, BEAUTIFICATION, PROTECTING WILDLIFE AND T		
	AND EMERGENCY GRANTS TO ASSIST NON-PROFITS DURING THE	-	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
4d	Other program services (Describe on Schedule O.)		
Ψu		١	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 7,749,570.	/	
4e	Total program service expenses 7,749,570.	Form 990 (20	
232002	2 12-13-22	Form 330 (20	122)

3 2022.05000 THE TROY FOUNDATION

Form 990 (2022) THE TROY FOU Part IV Checklist of Required Schedules THE TROY FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			I
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		v	
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	- °		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	4-		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 23
10		18	x	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	x	
232003	12-13-22			(2022)

Form **990** (2022)

2022.05000 THE TROY FOUNDATION

Form	990 (2022) THE TROY FOUNDATION 31-60	18703	Р	_{age} 4
Par	t IV Checklist of Required Schedules (continued)		1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	. 25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	4 I		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28 a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28 b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		37	
~~	"Yes," complete Schedule L, Part IV		X X	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>			X
	Did the organization requidate, terminate, or dissolve and cease operations? <i>If Yes, complete Schedule N, Part I</i>			
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30	· · · · · · · · · · · · · · · · · · ·		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	00		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	7		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		_	
	(gambling) winnings to prize winners?	1c	X	
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	5			

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^{2022.05000} THE TROY FOUNDATION

	Form 990 (2022) THE TROY FOUNDATION 31-6018703 Page				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
-			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 9				
h	filed for the calendar year ending with or within the year covered by this return 2a 9 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х		
		20 3a	X		
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b	X	<u> </u>	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b		L	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	└───	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37	
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		x	
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0			
		9a			
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		<u> </u>	
10	Section 501(c)(7) organizations. Enter:	0.0			
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand			v	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x	
	excess parachute payment(s) during the year?	15			
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x	
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				
232005	12-13-22	Form	990	(2022)	

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2022.05000 THE TROY FOUNDATION

Form	990 (2022) THE TROY FOUNDATION		31-6			P	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and	for a '	'No" re	espon	se
-	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the			····			
	of officers, directors, trustees, or key employees to a management company or other person?		·		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		Х
6	Did the organization have members or stockholders?			[6		Х
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			····			
a	The governing body?	-	-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
•	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				Ţ		
		<u>venue</u>	0000./			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
		•	,,		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			F	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		5	İ			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y						
-	on Schedule O how this was done	,			12c	х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	х	
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			·····			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			·····			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?				16b		
Sec	tion 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, ar	nd 990	-T (section 501	(c)(3)s	onlv) :	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.			(5)(5)5		andi	
	X Own website Another's website X Upon request Other (explain	on Sr	hedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	y, and	financ	ial	

	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
	LOL			21-222	-0955	

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Form 990 (2022)	THE TROY FOUNDATION	31-6018703 Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employe	ees, and Independent Contractors								
Check if Sc	chedule O contains a response or note to any line in this Part VII								
Section A. Officers, E	Directors, Trustees, Key Employees, and Highest Compensated Em	ployees							
1a Complete this table	e for all persons required to be listed. Report compensation for the calen	Idar year ending with or within the organization's tax year.							
 List all of the orga 	anization's current officers, directors, trustees (whether individuals or o	rganizations), 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, box 6 of 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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week			uau	recio	i/irus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	utiona	_	mploy	st col	5	1000 1120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) MELISSA KLEPTZ	39.90									
EXECUTIVE DIRECTOR	0.10			Х				119,635.	0.	44,894.
(2) JOE DICKERSON	1.00									
CHAIR	0.10	Х		Х				0.	0.	0.
(3) WILLIAM J. FULKER	1.00									
SECRETARY GOV BD (NONVOTING)	0.10			Х				0.	0.	0.
(4) SUSAN BEHM	1.00									
GOV BD	0.10	Х						0.	0.	0.
(5) BRENT BLACK	1.00									
GOV BD	0.10	Х						0.	0.	0.
(6) DAVE DIPPOLD	1.00									
GOV BD	0.10	Х						0.	0.	0.
(7) DAVE FISHER	1.00									
GOV BD/TRUSTEES COMMITTEE	0.10	Х						0.	0.	0.
(8) TOM GIERE	1.00									
GOV BD	0.10	Х						0.	0.	0.
(9) KATHY KERBER	1.00									-
GOV BD/DISTRIBUTION COMMITTEE	0.10	Х						0.	0.	0.
(10) DOUG LINS	1.00								•	•
GOV BD	0.10	X						0.	0.	0.
(11) ED PURVIS	1.00								0	0
GOV BD (12) CRAIG WISE	0.10	Х						0.	0.	0.
GOV BD	0.10	x						0.	0.	0.
	0.10							0.	0.	0.
		1								
		1								
		1					1			
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Form 990 (2022) THE TROY	FOUNDAT	'IO	Ν						31-601	870	3 г	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	es, a	and	Hig	hest	С	ompensated Employee	s (continued)			
(A) Name and title	(B) (C) Average hours per week officer and a director/trr					both a	ın	(D) Reportable compensation from	(E) Reportable compensation from related	on amoun d othe		of
	(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	c	ompens from th organiza and rela rganizat	ne tion ted
					_							
1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A	· · · · · · · · ·						119,635. 0. 119,635.	0 0 0	•	44,8 44,8	0.
2 Total number of individuals (including but no compensation from the organization	ot limited to the	ose	listed	lab	ove)	who	re	ceived more than \$100,	000 of reportable		Yes	1 No
 3 Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i> 4 For any individual listed on line 1a, is the su 	ıch individual									3		x
and related organizations greater than \$1505 Did any person listed on line 1a receive or a	,000? <i>If</i> " <i>Yes,</i> ccrue compen	" <i>coi</i> satio	<i>mple</i> on fro	te S om a	cheα any ι	dule . unrela	<i>J fe</i> ate	or such individual d organization or individ	lual for services			v
rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors	plete Schedule	e J fo	or suc	ch p	erso	<u>on</u>				5		X
1 Complete this table for your five highest cor the organization. Report compensation for t	-	-								sation	from	
(A) Name and business	address						_	(B) Description of s	ervices	Com	(C) pensatio	on
910 WEST MAIN STREET, TRO	<u>Ү, ОН 4</u>	53	73				-	INVESTMENT M	ANAGER	1	77,6	70.
2 Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nited	to t	hose 1	e liste	ed	above) who received mo	pre than			

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Form	1 99	0 (2				OUN	DATION			31-6018	703 Page 9
Pa	rt \	/111									
			Check if Schedule O c	contair	ns a res	oonse	or note to any line	e in this Part VIII	(5)	(2)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	1 aFederated campaigns1abMembership dues1b										
ng G			Fundraising events			1	61,103.				
ifts Ir A						1	,				
, G nila			Government grants (contri								
ons Sir			All other contributions, gifts,								
her		•	similar amounts not included				5,756,707.				
ltrib Ot		a	Noncash contributions included in I				2,994,330.				
Con		-	Total. Add lines 1a-1f					5,817,810.			
0.0							Business Code				
Ð	2	а									
vic		b									
Ser		с									
am		d									
Program Service Revenue		е									
Pre		f	All other program service	revenu	Je						
			Total. Add lines 2a-2f								
	3		Investment income (includ								
			other similar amounts)					2,446,513.			2446513.
	4		Income from investment o								
	5		Royalties	. <u></u>	<u></u>						
					(i) Re		(ii) Personal				
	6	а	Gross rents	6a	1	,950.					
		b	Less: rental expenses	6b		0.					
		С	Rental income or (loss)	6c	1	,950.					
		d	Net rental income or (loss)					1,950.			1,950.
	7	а	Gross amount from sales of		(i) Secu	rities	(ii) Other				
			assets other than inventory	7a 🗄	17,526	,139.					
		b	Less: cost or other basis								
anı			and sales expenses		14,146						
evenue			Gain or (loss)	· · ·	3,379						
			Net gain or (loss)					3,379,621.			3379621.
Other R	8	а	Gross income from fundraisir including \$	61,1	.03. of						
			contributions reported on		-		50 55 0				
			Part IV, line 18								
			Less: direct expenses				6,458.	EC 005			EC 005
	-		Net income or (loss) from t				1	56,095.			56,095.
	9	а	Gross income from gamin								
		Ŀ	Part IV, line 19								
			Less: direct expenses								
	40		Net income or (loss) from g Gross sales of inventory, lo								
	10	a				10-					
		h	and allowances Less: cost of goods sold								
			Net income or (loss) from :			· –					
	-	U		Jaito (.огу	Business Code				
sn	11	2									
Miscellaneous Revenue	' '	a b									
scellaneo Revenue		c									
isc. Be			All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instructio					11,701,989.	0.	0.	5884179.
23200										•	Form 990 (2022)

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Form 990 (2022) THE TROY FOUNDATION 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).

	Chack if Schodula O contains a rospons	o or noto to any line in t	his Dart IV		
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	6,531,068.	6,531,068.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	944,856.	944,856.		
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,				
5	trustees, and key employees	164,529.		164,529.	
6		104,525.		104,525.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	293,605.		202 605	
7	Other salaries and wages	493,003.		293,605.	
8	Pension plan accruals and contributions (include	0 5 7 7		0 500	
_	section 401(k) and 403(b) employer contributions)	8,523.		8,523.	
9	Other employee benefits	33,516.		33,516.	
10	Payroll taxes	29,751.		29,751.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	34,545.		34,545.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	273,646.	273,646.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	2,499.		2,499.	
12	Advertising and promotion	7,184.		7,184.	
13	Office expenses	22,427.		22,427.	
14	Information technology	62,965.		62,965.	
15	Royalties				
16	Occupancy	6,590.		6,590.	
17	Travel	1,807.		1,807.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,256.		1,256.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,898.		9,898.	
23	Insurance	9,226.		9,226.	
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 0.)				
а	EVENTS	79,536.		79,536.	
b	FUND EXPENSES	38,309.		38,309.	
с	CLEANING & MAINTENANCE	16,875.		16,875.	
d	MEMBERSHIP DUES	14,000.		14,000.	
е	All other expenses	17,716.		17,716.	
25	Total functional expenses. Add lines 1 through 24e	8,604,327.	7,749,570.	854,757.	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)				
_					Form 990 (2022

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	990 (2 rt X	2022) THE TROY FOUND Balance Sheet		31-	6018703 Page 11		
		Check if Schedule O contains a response or not					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			748,826.	1	1,085,462.
	2	Savings and temporary cash investments			4,740,395.	2	4,191,261.
	3	Pledges and grants receivable, net			,	3	7,008.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or				_	
	_	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqualit	-				
	-	under section 4958(f)(1)), and persons described				6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	534,908.			
	b		10b	33,045.	505,557.	10c	501,863.
	11	Investments - publicly traded securities		-	142,755,915.	11	76,388,021.
	12	Investments - other securities. See Part IV, line 1				12	41,249,909.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			148,750,693.	16	123,423,524.
	17	Accounts payable and accrued expenses			167.	17	9,863.
	18	Grants payable			93,713.	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ŝ	22	Loans and other payables to any current or form	ner offic	er, director,			
litie		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			10,073,466.	25	7,792,499. 7,802,362.
	26	Total liabilities. Add lines 17 through 25			10,167,346.	26	7,802,362.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
ılan	27	Net assets without donor restrictions			20,699,702.	27	22,449,724.
I Ba	28				117,883,645.	28	93,171,438.
oun		Organizations that do not follow FASB ASC 9	58, che	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
ít A:	31	Retained earnings, endowment, accumulated in				31	115 601 160
Ne	32	Total net assets or fund balances			<u>138,583,347.</u> 148,750,693.	32 33	115,621,162. 123,423,524.
	33	Total liabilities and net assets/fund balances					

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Form	990 (2022) THE TROY FOUNDATION	31-	601870	3	Page 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>,989.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			327.
3	Revenue less expenses. Subtract line 2 from line 1	3			662.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	138,5		
5	Net unrealized gains (losses) on investments	5	-26,0	66	654.
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		6	,807.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	115,6	521	162.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. X
				Y	es No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	la	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			b	
				-	20

Form **990** (2022)

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SCHEDULE A (Form 990) Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section							OMB No. 1545-0047
Department of the Treasury	Complete in t	4947(a)(1) nonexempt c Attach to Form 990 or	haritable trus	it.	a section		DENTIFY Open to Public
Internal Revenue Service	Go to www	.irs.gov/Form990 for instruct			mation.		Inspection
Name of the organizati							identification number
Part I Reason	THE TROY E	tatus. (All organizations mus	t complete thi	s part) Soo	instruction		1-6018703
						5.	
		use it is: (For lines 1 through 12	-	-	A \/:\		
		association of churches describ 1)(A)(ii). (Attach Schedule E (Fo		•)(1)(0)(1)(•	4)(1).		
		rvice organization described in		6)(1)(A)(iii)			
		ted in conjunction with a hospi	•		170(b)(1)(A)	(iii). Enter	the hospital's name.
city, and stat	- ·					().	·····,
		it of a college or university owr	ed or operate	d by a gove	ernmental ur	nit describe	ed in
	b)(1)(A)(iv). (Complete Pa						
6 🗌 A federal, sta	te, or local government o	r governmental unit described i	n section 170)(b)(1)(A)(v)			
7 🗌 An organizati	on that normally receives	a substantial part of its suppor	t from a gover	nmental un	it or from th	e general p	oublic described in
	o)(1)(A)(vi). (Complete Pa						
		n 170(b)(1)(A)(vi). (Complete P					
-	-	escribed in section 170(b)(1)(A		-		-	-
· · · · · · · · ·	or a non-land-grant colleg	e of agriculture (see instruction	s). Enter the na	ame, city, a	nd state of	the college	or
university:	on that normally reasing	(1) more than 33 1/3% of its su	poort from oo	ntributiono	momborch	n food one	l aroon ronginta from
-	-	is, subject to certain exception				-	•
		e income (less section 511 tax)					-
	509(a)(2). (Complete Part				, ,		,
		ed exclusively to test for public	safety. See s	ection 509((a)(4).		
12 🗌 An organizati	on organized and operate	ed exclusively for the benefit of,	to perform the	e functions	of, or to ca	ry out the	purposes of one or
more publicly	supported organizations	described in section 509(a)(1) or section 5	09(a)(2) . Se	ee section 5	6 09(a)(3). C	Check the box on
lines 12a thro	ugh 12d that describes t	ne type of supporting organizat	ion and comp	lete lines 12	2e, 12f, and	12g.	
		erated, supervised, or controlle	• • • •	-			
		wer to regularly appoint or elec	t a majority of	the director	rs or trustee	es of the su	pporting
	•	art IV, Sections A and B.	ation with ite	auroautad	orgonization		ina
		upervised or controlled in conne orting organization vested in the			•		•
	•	Part IV, Sections A and C.	same person	3 1121 00111	or or manag	je trie Supp	onted
_ ~	•	supporting organization operate	ed in connectio	on with. and	d functional	v integrate	d with.
//		tructions). You must complet		,		, ,	,
d 🗌 Type III no	n-functionally integrated	d. A supporting organization or	erated in con	nection with	n its suppor	ted organiz	ation(s)
that is not f	unctionally integrated. Th	e organization generally must s	atisfy a distrib	oution requi	rement and	an attentiv	eness
		must complete Part IV, Section					
	Ũ	ceived a written determination		,	/pe I, Type I	I, Type III	
		n-functionally integrated suppo	rting organiza	tion.			[]
	of supported organization						
(i) Name of supp		supported organization(s). IN (iii) Type of organization	(iv) Is the organi	ization listed	v) Amount of	monetary	(vi) Amount of other
organization		(described on lines 1-1) above (see instructions			upport (see in	structions)	support (see instructions)
			/				
			+				
Total							

	edule A (Form 990) 2022 T Int II Support Schedule for	HE TROY FOOT		Sections 170(I	b)(1)(A)(iv) and		.8703 Page 2 i)
	(Complete only if you checke			-	n failed to qualify u	nder Part III. If the	organization
80	fails to qualify under the tests	s listed below, pleas	se complete Part	III.)			
		(-) 0010	(1-) 0010	(-) 0000	(4) 0001	(-) 0000	(6) Tatal
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")	3966332.	6256073.	13178334.	9886786.	5817810.	39105335.
2	Tax revenues levied for the organ-						
-	ization'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	3966332.	6256073.	13178334.	9886786.	5817810.	39105335.
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)						9812213.
	Public support. Subtract line 5 from line 4.						29293122.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018 3966332.	(b) 2019	(c) 2020 13178334.	(d) 2021 9886786.	(e) 2022	(f) Total 39105335.
-	Amounts from line 4	3900332.	0230073.	131/0334.	9000/00.	201/010.	59105555
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2231923.	2210563.	2150961.	2270741.	2118163	11312651.
9	and income from similar sources Net income from unrelated business		2210303.	2130301.	22/0/41.	2440403.	
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						50417986.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
	First 5 years. If the Form 990 is for th		,				
	organization, check this box and stop	-					
See	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	58.10 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	5 4. 78 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box o	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organi	zation
~	meets the facts-and-circumstances te	-	-	• • • •			
b	0 10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circle						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 100, 17a, 0r 17b	o, check this box a		

Schedule A (Form 990) 2022

232022 12-09-22

	THE TROY F				31-601	L8703 Page 3
Part III Support Schedule for	Organizations	Described in S	Section 509(a)	(2)		
(Complete only if you checke	d the box on line 1	0 of Part I or if the	organization failed	to qualify under P	Part II. If the organiz	zation fails to
qualify under the tests listed	below, please com	plete Part II.)				
Section A. Public Support	-	_	-		-	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
er evenended on its hehelf						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	s					
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	-				-	
	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Section B. Total Support		(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest,		(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Section B. Total Support Calendar year (or fiscal year beginning in) 9 9 Amounts from line 6		(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties,		(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Section B. Total Support Calendar year (or fiscal year beginning in) 9 9 Amounts from line 6		(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income		(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses		(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses		(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
 Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, 		(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
 Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is 		(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
 Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 		(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
 Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 	5 5 5	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
 Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 		(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
 Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 						
 Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for 	the organization's f	irst, second, third,	fourth, or fifth tax	year as a section {	501(c)(3) organizat	ion,
 Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here 	the organization's f	irst, second, third,	fourth, or fifth tax	year as a section {	501(c)(3) organizat	ion,
 Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here 	the organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizat	ion,
 Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pubb 15 Public support percentage for 2022 	the organization's f	irst, second, third, rcentage divided by line 13,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,%
 Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pubb 15 Public support percentage for 2022 16 Public support percentage from 2022 	the organization's f	irst, second, third, rcentage divided by line 13, : III, line 15	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
 Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub Section D. Computation of Inves 	the organization's f lic Support Pe (line 8, column (f), o 21 Schedule A, Part estment Incom	irst, second, third, rcentage divided by line 13, : III, line 15 e Percentage	fourth, or fifth tax	year as a section s	501(c)(3) organizat	ion,
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 Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2022 16 Public support percentage from 2023 Section D. Computation of Investion 19a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box 	the organization's f lic Support Pe (line 8, column (f), o 21 Schedule A, Part estment Incom 2022 (line 10c, colu a 2021 Schedule A, the organization did and stop here. The the organization did	irst, second, third, irst, second, third, irst, second, third, ircentage divided by line 13, i ill, line 15 e Percentage mn (f), divided by line part III, line 17 part III, line 17 part III, line 17 or check the box e organization qual not check a box or	fourth, or fifth tax fourth, or fifth tax column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a	year as a section s year as a section s to 15 is more than 3 supported organiza a, and line 16 is more	501(c)(3) organizat 15 16 17 18 33 1/3%, and line 1 ation ore than 33 1/3%,	ion,
 Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2022 16 Public support percentage from 2023 Section D. Computation of Investment income percentage from 19a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box and b 33 1/3% support tests - 2021. If the 	the organization's f lic Support Pe (line 8, column (f), organization 21 Schedule A, Part 222 (line 10c, columnic) 2022 (line 10c, columnic) 2023 (line 10c, columnic) 2024 (line 10c, columnic) 2025 (line 10c, columnic) 2026 (line 10c, columnic) 2026 (line 10c, columnic) 2027 (line 10c, columnic) 2028 (line 10c, columnic) 2029 (line 10c, columnic) 2029 (line 10c, columnic) 2020 (line 10c, columnic) 2021 Schedule A, Part 2021 Schedule A, Part 2022 (line 10c, columnic) 2022 (line 10c, columnic) 2023 (line 10c, columnic) 2024 (line 10c, columnic) 2025 (line 10c, columnic) 2026 (line 10c, columnic) 2027 (line 10c, columnic) 2028 (line 10c, columnic) 2029 (line 10c, columnic) 2020 (line 10	irst, second, third, irst, second, third, irst, second, third, ircentage divided by line 13, if III, line 15 Percentage mn (f), divided by I , Part III, line 17 not check the box e organization qual not check a box or top here. The orga	fourth, or fifth tax fourth, or fifth tax column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a anization qualifies a	year as a section s year as a section s = 15 is more than s supported organiza a, and line 16 is mo as a publicly support	15 16 17 18 33 1/3%, and line 1 ation ore than 33 1/3%, orted organization	ion,
 Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2022 16 Public support percentage from 2025 Section D. Computation of Investion 19a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box at 3 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, check 	the organization's f lic Support Pe (line 8, column (f), organization 21 Schedule A, Part 222 (line 10c, columnic) 2022 (line 10c, columnic) 2023 (line 10c, columnic) 2024 (line 10c, columnic) 2025 (line 10c, columnic) 2026 (line 10c, columnic) 2026 (line 10c, columnic) 2027 (line 10c, columnic) 2028 (line 10c, columnic) 2029 (line 10c, columnic) 2029 (line 10c, columnic) 2020 (line 10c, columnic) 2021 Schedule A, Part 2021 Schedule A, Part 2022 (line 10c, columnic) 2022 (line 10c, columnic) 2023 (line 10c, columnic) 2024 (line 10c, columnic) 2025 (line 10c, columnic) 2026 (line 10c, columnic) 2027 (line 10c, columnic) 2028 (line 10c, columnic) 2029 (line 10c, columnic) 2020 (line 10	irst, second, third, irst, second, third, irst, second, third, ircentage divided by line 13, if III, line 15 Percentage mn (f), divided by I , Part III, line 17 not check the box e organization qual not check a box or top here. The orga	fourth, or fifth tax fourth, or fifth tax column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a anization qualifies a a, or 19b, check th	year as a section s year as a section s = 15 is more than s supported organiza a, and line 16 is mo as a publicly support	15 16 17 18 33 1/3%, and line 1 ation ore than 33 1/3%, orted organization structions	ion,

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1

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3a

3b

3c

4a

4b

4c

Yes No

Schedule A (Form 990) 2022 Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 THE TROY FOUNDATION 3	81-601870	3 Pa	age 5
	t IV Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
000			Yes	Na
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	cers,	Tes	No
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? 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.	2		
Sec	tion 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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
<u></u>			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	
•	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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instr	uctions).		
a b	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	hu laad instruction		
2	Activities Test. Answer lines 2a and 2b below.	y (see instruction	S/. Yes	No
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? 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.	2a		
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? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
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	dule A (Form 990) 2022 THE TROY FOUNDATION	Orao		31-6018703 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying t		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Sect	on 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		
Sect	on 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):			
а	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		

3

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Sec	tion 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	Check here if the current year is the organization's first as a non-functio	nally integra	ted Type III supporting organ	nization (see
	instructions).			

Schedule A (Form 990) 2022

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3 Subtract line 2 from line 1d.

Multiply line 5 by 0.035.

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

see instructions).

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,

Net value of non-exempt-use assets (subtract line 4 from line 3)

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_	dule A (Form 990) 2022 THE TROY FOUN				1-6018703	Page 7
Par	, , , , , , , , , , , , , , , , , , , ,	a)(3) Supporting Orga	nizations (continue	<u>∋d)</u>		
Secti	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity	· · · · · ·		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	le organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(i)	l.	10	/:::)	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	6	(iii) Distributab Amount for 2	
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
<u> i</u>	Carryover from 2017 not applied (see instructions)					
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

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	Form 990) 2022			FOUNDATION	31-6018703	Page 8
	Part IV, Section A, lines 1, line 1; Part IV, Section D, li	2, 3b, 3c, 4 nes 2 and	4b, 4c, 5a 3; Part I\	he explanations required by Part II, line 10; Part II, line 17a a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines /, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par on E, lines 2, 5, and 6. Also complete this part for any addit	s 1 and 2; Part IV, Section (t V, Section B, line 1e; Part	C, t V,
	(See instructions.)		,			
32028 12-09-22				21	Schedule A (Form 99	90) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

Employer identification number

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Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 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

X 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 for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless
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) (2022)

Name of organization

Page **2** Employer identification number

THE TROY FOUNDATION

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- _ \$ <u>1,091,594.</u> -	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- \$\$245,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- \$\$220,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		- _ \$ <u>207,761.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$ <u>180,308.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$167,249.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Page **2** Employer identification number

THE TROY FOUNDATION

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$138,222.	PersonPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupied Payroll Payroll Occupied Part II for noncash contributions.)

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Name of organization Employer identification number THE TROY FOUNDATION 31-6018703 Part II Noncesh Property (see instructions). Use duplicate copies of Part II if additional space is needed. (c) (i) (b) (c) (d) (e) Part II Description of noncesh property given (e) (f) (d) (ii) SECURITIES (e) (f) (f) (h) (iii) SECURITIES (f) (f) (f) (f) (f) (iii) Description of noncesh property given (f) (f) (f) (f) (f) (iii) SECURITIES (f)		B (Form 990) (2022)			Page 3
Part II Noncash Property (see instructions). Use duplicate copies of Part II additional space is needed. (a) (b) (c) (c) Part II SECURITIES (c) (c) (a) (b) (c) (c) (c) (b) (c) (c) (c) (c) (c) (a) (b) (c) (c) (c) (c) (c) (a) (b) (c) (c) (c) (c) (c) (a) (b) (c) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (a) (b) (c) (c) <td>Name of o</td> <td>rganization</td> <td></td> <td>Emplo</td> <td>yer identification number</td>	Name of o	rganization		Emplo	yer identification number
(i) No. From Part1 (i) Description of noncesh property given (i) FMV (or estimate) (See instructions.) (ii) Date received 1 SECURITIES (i) No. (ii) No. (iii) No. (iii) No. (iii) Date received 4 SECURITIES (iii) No. (iii) No. (iii) Date received (iii) Date received 5 SECURITIES (iii) No. (iii) No. (iii) Date received (iii) Date received 4 SECURITIES (iii) See instructions.) (iii) Date received (iii) Date received 5 SECURITIES (iii) See instructions.) (iii) Date received (iii) Date received 4 SECURITIES (iii) Date received (iii) Date received (iii) Date received 5 SECURITIES (iii) Description of noncesh property given (iii) FMV (or estimate) (See instructions.) (iii) Date received 5 SECURITIES (iii) Date received (iii) Date received (iii) Date received 5 SECURITIES (iii) Date received (iii) Date received (iii) Date received 5 SECURITIES (iii) Date received (iii) Date received (iii) Date received 5 SECURITIES </td <td>THE T</td> <td>ROY FOUNDATION</td> <td></td> <td>31</td> <td>-6018703</td>	THE T	ROY FOUNDATION		31	-6018703
No. Pert 1 Column Strength of noncash property given FMV (or estimate) (see instructions.) Column Strength of pate received 1	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is need	ed.	
1 s 1,021,594. 03/28/22 (a) No. From Part I (b) Description of noncesh property given (c) FWV (or estimate) (Boe instructions.) (c) Date received 4 SECURITIES (c) FWV (or estimate) (Boe instructions.) (c) Date received (a) No. From Part I Description of noncesh property given (c) FWV (or estimate) (Boe instructions.) (c) Date received 4 SECURITIES (c) FWV (or estimate) (Boe instructions.) (c) Date received 4 SECURITIES (c) FWV (or estimate) (Boe instructions.) (c) Date received 5 SECURITIES (c) FWV (or	No. from	Description of noncash property given	FMV (or estima		
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4	No. from		FMV (or estima		
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No. (b) (c) Part1 Description of noncash property given FM (or estimate) (3)	<u>4</u>		\$196,	850.	01/05/22
4	No. from		FMV (or estima		
(a) (b) (c) (d) Part1 Description of noncash property given (c) FMV (or estimate) (d) 5 SECURITIES (a) (b) (c) (c) (c) (a) No. (b) (c) (c) (d) Date received 5 SECURITIES (c) (c) (d) Date received (a) No. (b) (c) (d) Date received 9 Description of noncash property given (c) (d) Date received 5 SECURITIES (c) (d) Date received 5 SECURITIES (s) (c) Date received 5 SECURITIES (s) (c) Date received 6 (b) (c) FMV (or estimate) (c) 7 Description of noncash property given (c) FMV (or estimate) (c) 8 29,990. (d) Date received Date received 5 SECURITIES (c) FMV (or estimate) (c) Date received 5 SE	1	SECURITIES			
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5	No. from		FMV (or estima		
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5	No. from		FMV (or estima		
(a) (b) (c) (d) Form Description of noncash property given (c) (d) Part I SECURITIES (d) Date received 5 SECURITIES \$ 29,684. 01/20/22	F	SECURITIES			
No. (b) (c) (d) from Description of noncash property given FMV (or estimate) Date received Part I SECURITIES (see instructions.) Date received 5 SECURITIES \$ 29,684. 01/20/22	<u> </u>		\$29,	990.	08/09/22
<u>5</u> \$\$\$\$	No. from		FMV (or estima		
\$\$\$\$\$\$\$\$	E	SECURITIES			
	<u> </u>				
	223453 11-15		\$29,	684.	

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2022.05000 THE TROY FOUNDATION

	B (Form 990) (2022)			Page 3
Name of o	rganization		Emplo	yer identification number
THE T	ROY FOUNDATION		31	-6018703
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is neede	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
	SECURITIES	_		
7		-		
		\$71,5	68.	08/03/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
-	SECURITIES	_		
7		- - _ \$66,6	54.	_12/20/22_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		-		
		_ \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		-		
		- - \$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		-		
		\$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		-		
		- \$		

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Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)			Page
Name of o	organization			Employer identification number
THE T	ROY FOUNDATION			31-6018703
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organizations	hat total more than \$1,000 for the year
(a) No	Use duplicate copies of Part III if additional	l space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee

223454 11-15-22

Schedule B (Form 990) (2022)

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(Form	HEDULE D n 990)	OMB No. 1545-0047		
	artment of the Treasury rnal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.			Open to Public Inspection
Nam	e of the organization			Employer identification number
D		THE TROY FOUNDATION		31-6018703
Par		n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or Ac	COUNTS. Complete if the
	organization			(b) Funds and other accounts
1	Total number at en	d of year	170	477
2		f contributions to (during year)	3,934,217.	1,877,036.
3		f grants from (during year)	3,555,758.	4,364,769.
4		end of year	21,161,363.	100,421,000.
5	-		writing that the assets held in donor advised fund	
_			exclusive legal control?	
6	•	e	dvisors in writing that grant funds can be used o	
			r donor advisor, or for any other purpose conferr	
Par	impermissible priva		ganization answered "Yes" on Form 990, Part IV,	
1		ervation easements held by the organization		, m o 7.
•		of land for public use (for example, recreat		prically important land area
		f natural habitat	Preservation of a certi	
	Preservation	of open space		
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a co	nservation easement on the last
	day of the tax year	•		Held at the End of the Tax Year
а	Total number of co	nservation easements		2a
b	v			2b
c			ucture included in (a)	2c
a		vation easements included in (c) acquired a sted in the National Register		2d
3			eased, extinguished, or terminated by the organi	
-	year			
4	-	where property subject to conservation eas	sement is located	
5	Does the organizat	ion have a written policy regarding the per	iodic monitoring, inspection, handling of	
	,	prcement of the conservation easements it		
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easements during the year
-	A			
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	sements during the year
8	Does each consen		e satisfy the requirements of section 170(h)(4)(B)	(i)
U				
9			on easements in its revenue and expense statem	
		•	note to the organization's financial statements that	
	organization's acco	ounting for conservation easements.		
Par			Art, Historical Treasures, or Other S	imilar Assets.
		the organization answered "Yes" on Form		
1 a	•	· ·	8, not to report in its revenue statement and bala	
			blic exhibition, education, or research in furtherar	nce of public
h			ncial statements that describes these items. 8, to report in its revenue statement and balance	shoot works of
D	-		exhibition, education, or research in furtherance	
		ng amounts relating to these items:		
	-	-		\$
				•
2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financial gain, I	
	-	ints required to be reported under FASB A	-	
		eduction Act Notice, see the Instructions	s tor Form 990.	Schedule D (Form 990) 2022
232051	09-01-22		29	

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2022.05000 THE TROY FOUNDATION

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		Y FOUNDATIC				<u></u>	31-60			age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, o	r Othe	r Simila	r Assets	contin	ued)	
3	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):									
а	Public exhibition	d		change progra	am					
b	Scholarly research	e		change progra						
c	Preservation for future generations	e								
4	Provide a description of the organization's co	lections and explain	how they further	the organizatio	n's ever	nnt nurno	se in Part	XIII		
5	During the year, did the organization solicit o	•		•			SC III art	7.III.		
Ũ	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrange							_		
	reported an amount on Form 990, Par		no in the organizat		100 011		, i altiv, i			
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contributio	ns or other as	sets not i	included				
	on Form 990, Part X?							Yes	X	No
b	If "Yes," explain the arrangement in Part XIII									
		ļ	5					Amount		
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					ity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has beer	n provided on	Part XIII]
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on F	orm 990, Part	IV, line	10.		_		
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years I	back
1a	Beginning of year balance	94,321,031.	74,927,813	. 60,60	4,896.	49,6	584,785.	44,	815,3	341.
b	Contributions	180,860.	6,699,739	. 8,76	5,663.	3,8	872,828.	1,	644,3	323.
	Net investment earnings, gains, and losses	-2,184,330.	17,079,660	. 7,73	7,063.	10,0	014,205.	6,	679,8	833.
d	Grants or scholarships	400,068.	3,506,902	. 1,64	6,551.	2,4	84,822.	2,	817,4	468.
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	986,394.	879,279	. 53	3,258.	4	82,100.		637,3	244.
g	End of year balance	90,931,099.	94,321,031	. 74,92	7,813.	60,6	504,896.	49,	684,	785.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	.0000	_%							
b	Permanent endowment 29.0000	%								
с	Term endowment 71.0000	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	and administer	red for th	ne		г		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		<u>X</u>
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza			?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm		Dect N/ Res dd a	0	DetX	l'a a 10				
	Complete if the organization answered									
	Description of property	(a) Cost or of basis (investm	. ,	st or other s (other)	• • •	ccumulate preciation		(d) Bool	k value	9
1a	Land		,					494	1,08	34.
b	Buildings							_		
	Leasehold improvements									
								79.		
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X column (R) line	10c)				501	L,86	53.

Schedule D (Form 990) 2022

232052 09-01-22

Part VII Investments - Other Securities.	UNDATION		31-6018703 _{Page}
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) VANGUARD 500 INDEX			
(B) ADMIRAL (VFIAX)	41,249,909.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	41,249,909.		
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)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
(9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
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(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a)	Description		25.
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) (a) Description of liability	Description		25.
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description		25.
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) AGENT LIABILITIES	Description		25.
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Complete if the organization answered "Yes" (b) (1) Federal income taxes (2) AGENT LIABILITIES (3)	Description		25.
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Complete if the organization answered "Yes" (b) (1) Federal income taxes (2) AGENT LIABILITIES (3) (4)	Description		25.
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) 1. (a) Description of liability (1) Federal income taxes (2) AGENT LIABILITIES (3) (4) (5)	Description		25.
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (b) (a) Description of liability (1) Federal income taxes (2) AGENT LIABILITIES (3) (4) (5) (6) (7)	Description		25.
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) 1. (a) Description of liability (1) Federal income taxes (2) AGENT LIABILITIES (3) (4) (5) (6)	Description		25.

232053 09-01-22

Schedule D (Form 990) 2022

	dule D (Form 990) 2022 THE TROY FOUNDATION		31-6018703 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme		nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.	
1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	. 2 b	
С	Recoveries of prior year grants	. 2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_ 2a	
b	Prior year adjustments		
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		
Pa	t 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 F	UNDS ARE EXP	ENDED FOR	CHARITABLE	PURPOSES
AS RECOMMENDED	BY THE DISTRIBUTI	ON COMMITTEE	OF THE F	OUNDATION AN	1D
APPROVED BY THE	GOVERNING BOARD.	THE ORGANIZ	ATION'S D	ONOR-ADVISEI	FUNDS
INCLUDE TRUSTS W	HICH THE DONOR MA	Y ADVISE OR	APPOINT A	N ADVISORY (COMMITTEE
TO RECOMMEND GRA	NTS TO THE DISTRI	BUTION COMMI	TTEE. TH	E ORGANIZATI	ION'S
DONOR-DESIGNATED	FUNDS INCLUDE EN	IDOWMENT FUND	S, CLASSI	FIED AS PERM	IANENTLY
RESTRICTED, AND,	AS SUCH, DISTRIE	UTIONS UNDER	THESE FU	NDS ARE LIMI	ITED TO
EARNINGS ON INVE	STMENTS HELD BY I	HE FUNDS. T	HE ORGANI	ZATION'S	
FIELD-OF-INTERES	T FUNDS DO NOT CC	MMIT GIFTS T	O ANY PAR	TICULAR	
ORGANIZATION. G	RANT RECIPIENTS A	RE IDENTIFIE	D BY THE	FOUNDATION,	WHICH
MAY TAKE INTO CO	NSIDERATION THE S	UGGESTIONS O	F FUND DO	NORS.	
232054 09-01-22		32		Schedul	e D (Form 990) 2022
41114 148922 776	1308-7761308	2022.05000	THE TROY	FOUNDATION	77613

Schedule D (Form 990) 2022	THE TROY FOUND	ATION	31-6018703	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Ir	nformation (continued)			
			Schedule D (Form	990) 2022
232055 09-01-22				

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on				r 19, or if the	2022		
	C	organization entered more than \$15 Attach to Form 990 o					Open to Public		
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information. Inspection								
Name of the organization	°								
Part I Fundrais		Y FOUNDATION				31-60			
	complete this part	Complete if the organization answe	red "Y	es" or	1 Form 990, Part IV, I	ine 17. Form 990	-EZ filers are not		
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations vlicitations on have a written o red in Form 990, Pa) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	ion of ion of fundra (includ	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes No		
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have ci or con contribu	aiser ustody itrol of	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i	by) to (or retained by)		
			Yes	No			<u>'</u>		
Total									
	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt fron	registration		

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Schedule G (Form 990) 2022

232081 10-27-22

31-6018703 Page 2 THE TROY FOUNDATION Schedule G (Form 990) 2022 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 BANQUET VIKING FEST 2 col. (c)) (event type) (event type) (total number) Revenue 37,490. 21,589. 64,577. 123,656. Gross receipts 1 36,290. 9,481. 15,332. 61,103. 2 Less: Contributions 1,200. 49,245. Gross income (line 1 minus line 2) 12,108. 62,553. 3 4 Cash prizes 2,170. 5 Noncash prizes 2,170. Direct Expense: Rent/facility costs 6 7 Food and beverages Entertainment 8 1,063. 3,225. 4,288 Other direct expenses 9 6,458 10 Direct expense summary. Add lines 4 through 9 in column (d) 56,095 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 1 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses 5 % Yes Yes % Yes % 6 Volunteer labor No No 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: Schedule G (Form 990) 2022 232082 10-27-22

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Sch	edule G (Form 990) 2022	THE	TROY	FOUNDATION		31-601870	3 Page 3
11	Does the organization conduct ga	aming acti	ivities with	nonmembers?		Yes	
12					a partnership or other entity formed		
	to administer charitable gaming?					Yes	s 🗌 No
13	Indicate the percentage of gamin						
á	The organization's facility					13a	%
							%
14	Enter the name and address of th	e person	who prep	res the organization's ga	aming/special events books and recor	rds:	
	Name						
	Address						
45.	Deep the experimetion have a con	troot with	a third as	tu from whom the organ	ization reactives coming revenue?	Ye	s 🗌 No
158	Does the organization have a con	itract with	a third pa	ty from whom the organ	ization receives gaming revenue?		
,	If "Yes," enter the amount of gam	ing reven		t by the organization	\$ and the ar	mount	
	of gaming revenue retained by the			by the organization		nount	
	If "Yes," enter name and address	-	-				
	Name						
	Address						
16	Gaming manager information:						
	Name						
		•					
	Gaming manager compensation	\$					
	Description of services provided						
	Description of services provided						
	Director/officer	Em Em	ployee	Independ	ent contractor		
17	Mandatory distributions:						
â	Is the organization required under	r state law	/ to make	haritable distributions fr	om the gaming proceeds to		
	retain the state gaming license?						s 🛄 No
ł		•			other exempt organizations or spent	in the	
Pa	organization's own exempt activit rt IV Supplemental Infor				l by Part I, line 2b, columns (iii) and (v): and Part III lines (0 0h 10h
	15b, 15c, 16, and 17b, as					, and r art m, mess	5, 50, 100,
	100, 100, 10, 414 110, 44		10.7 100 p				
2320	33 10-27-22					Schedule G (For	m 990) 2022
				36		-	

21441114 148922 7761308-7761308

Schedule (G (Form 990) THE TROY FOUNDATION	31-6018703 Page 4
Part IV	G (Form 990) THE TROY FOUNDATION Supplemental Information (continued)	
		Schedule G (Form 990)
232084 04-01	1-22	

SCHEDULE I (Form 990)		Grants and Oth overnments, an						o. 1545-0047
	Comp	lete if the organization			rt IV, line 21 or 22.		20	JZZ
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form a.gov/Form990 for		ation.			to Public pection
Name of the organization THE TROY	FOUNDATIC	N					Employer identifica	ition number 018703
Part I General Information on Grants								010700
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's p 	istance?				•			No
Part II Grants and Other Assistance to recipient that received more than	Domestic Organi	izations and Domestic	Governments. C	complete if the org	anization answered "	res" on Form 990, Parl	t IV, line 21, for any	
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 or assista	
ACORN SOCIETY FUND							PHILANTHROPY,	
216 W FRANKLIN STREET							VOLUNTARISM, AN	D
TROY, OH 45373-3234	31-6018703	501(C)(3)	7,000.	٥.			GRANTMAKING	
AFRICA ACCESS								
2204 QUINTON ROAD SILVER SPRING, MD 20910	52-1689732	501(C)(3)	15,000.	0.			EDUCATION	
AIR FORCE MUSEUM FOUNDATION, INC.	52-1009732	501(C)(3)	15,000.	0.			EDUCATION	
PO BOX 33624								
WRIGHT PATTERSON AIR FORCE BASE								
ОН 45433	31-0668800	501(C)(3)	6,000.	0.			EDUCATION	
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - 225 NORTH MICHIGAN AVENUE - CHICAGO, IL								
60601	13-3039601	501(C)(3)	5,264.	0.			HEALTH & HUMAN	SERVICES
AMERICAN RED CROSS - MIAMI VALLEY OHIO CHAPTER - 370 WEST FIRST								
STREET - DAYTON, OH 45402	53-0196605	501(C)(3)	6,889.	0.			SOCIAL SERVICES	
ARBOGAST PERFORMING ARTS CENTER 500 SOUTH DORSET ROAD								
TROY, OH 45373	83-0889260	501(C)(3)	110,611.	0.			ARTS & CULTURE	
2 Enter total number of section 501(c)(3)		•	e line 1 table					114.
3 Enter total number of other organization	ns listed in the line	1 table						21.

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THE TROY FOUNDATION Schedule I (Form 990)

31-6018703 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHEL LOCAL SCHOOLS							
7490 SOUTH STATE ROUTE 201							
ГІРР СІТҮ, ОН 45371	31-6000733	501(C)(3)	5,438.	0.			EDUCATION
BIG BROTHERS, BIG SISTERS OF THE							
REATER MIAMI VALLEY - 22 SOUTH							
JEFFERSON STREET - DAYTON, OH							
15402	31-0641306	501(C)(3)	11,700.	0.			HUMAN SERVICES
BLUFFTON UNIVERSITY							
BUSINESS OFFICE							L
BLUFFTON, OH 45817	34-4428207	501(C)(3)	7,150.	0.			EDUCATION
SOWLING GREEN STATE UNIVERSITY							
OFFICE OF THE BURSAR							
BOWLING GREEN, OH 43403-0100	34-6007199	501(C)(3)	52,550.	0.			EDUCATION
Bowline Grann, on 45405 0100	34 000/155	501(0)(3)	52,550.				boeniion
BRUKNER NATURE CENTER							
5995 HORSESHOE BEND ROAD							ANIMAL RELATED (WILDLIF)
ГКОУ, ОН 45373	31-0732613	501(C)(3)	141,699.	0.			PROTECTION/PRESERVATION
BRUKNER NATURE CENTER ENDOWMENT							
FUND - 5995 HORSESHOE BEND ROAD -							ANIMAL RELATED (WILDLIF)
ROY, OH 45373	31-0732613		25,015.	0.			PROTECTION/PRESERVATION
CANINE COMPANIONS FOR INDEPENDENCE							
3150 CLARCONA OCOCE RD.							ANIMAL RELATED (WILDLIF)
DRLANDO, FL 32818	94-2494324	501(C)(3)	50,000.	0.			PROTECTION/PRESERVATION)
CASA/GAL OF MIAMI COUNTY, INC.							
405 PUBLIC SQUARE							
IROY, OH 45373	31-1418130	501(C)(3)	15,068.	0.			SOCIAL SERVICES
	21 1410120	501(0)(3)	13,008.	0.			DOCTUR DERVICED
CEDARVILLE UNIVERSITY							
CASHIERS OFFICE							
CEDARVILLE, OH 45314	31-0536647	501(C)(3)	26,900.	0.			EDUCATION

31-6018703 Page 1

TIPP CITY, 0H 45371 31-1212898 501(C)(3) 10,200. 0. HUMAN SERVICES LITY OF TIPP CITY, 0H10 31-0792424 22,502. 0. Development S05 SOUTH GARSER DRIVE 31-0792424 22,502. 0. Development S05 SOUTH GARSER DRIVE 31-0792424 22,502. 0. Development S05 SOUTH KARKER DRIVET 31-600549 34,367. 0. Development S05 SOUTH KARKER DRIVET 31-600549 34,367. 0. SOUTH KUTHER ROAD S00 SOUTH KUTHER ROAD 31-0982443 501(C)(3) 88,462. 0. SOCIAL SERVICES S00NUL ON RURAL SERVICE PROGRAMG, PLOUA, OH 45355 31-0982443 501(C)(3) 8,996. 0. EDUCATION S01KUTLE, OH 45355 31-0982443 501(C)(3) 8,996. 0. EDUCATION S01KUTLE, OH 45355 31-0982443 501(C)(3) 9,195. 0. FOUCATION S01KUTLE, OH 45315 34 4215590 501(C)(3) 37,813. 0. RTF & CULTURE S01KUTLE, OH 453105 S1-0577480 501	Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	irt II.) T	
B17 PERDE BORTE 202 31-1212888 501(C)(3) 10,200. 0. NUMAN SERVICES ITY OF TIFP CITY, OH 45371 31-0792424 22,502. 0. COMMUNITY AND ECONOMINATY AND ECON		(b) EIN	(c) IRC section if applicable		noncash	valuation (book, FMV,		
B417 STATE ROUTE 202 31-1212898 501(C)(3) 10,200. 0. NUMAN SERVICES LTY OF TIEP CITY, OH 45371 31-0792424 22,502. 0. COMMUNITY AND ECONOMI DIFY OF TROY, OHIO 31-0792424 22,502. 0. DEVELOPMENT LITY OF TROY, OHIO 31-0792424 22,502. 0. DEVELOPMENT LITY OF TROY, OHIO 31-0592424 34,367. 0. COMMUNITY IMPROVEMENT LION OWITH MARKET STREET 31-0592424 501(C)(3) 88,462. 0. SOCIAL SERVICE DOUD SOUTH MARKET STREET 31-0592443 501(C)(3) 88,462. 0. SOCIAL SERVICES COUNCIL ON RURAL SERVICE PROCEAMS, INC 201 ROBERT M DAVIS PARKANG 23 7299345 501(C)(3) 8,996. 0. EDUCATION DARKE COUNTY JUNIOR FAIR 300 SWITZER STREET 31-0537480 501(C)(3) 9,195. 0. PUCALION DAYTON HAT INSTITUTE SEG SEMANTER PARK NORTH 31-0537480 501(C)(3) 37,813. 0. RETATH DAYTON HELLORN'S PLACE 31-0672132 501(C)(3) 37,813. 0.	TUTLD CADE CUOTOES INC							
TIFP CITY, 0H 45371 31-1212898 501(C)(3) 10,200. 0. HUMAN SERVICES CITY OF TIPP CITY, 0H10 260 SOUTH AABER DEUVE TIPP CITY, 0H 45371 31-0792424 22,502. 0. Development pevelopment CITY OF TROY, 0H10 100 SOUTH MARKET STREET TROY, 0H 45373 31-0792424 22,502. 0. Development CITY OF TROY, 0H10 100 SOUTH MARKET STREET TROY, 0H 45373 31-000549 34,367. 0. COMMUNITY IMPROVEMENT CLEAR CREEK FARM 1500 SOUTH MARKET STREET TROY, 0H 45365 31-0902443 501(c)(3) 88,462. 0. SOUTA GREET SOUTH CUT NEW FOR AND 23-7299345 SOI(c)(3) 88,462. 0. SOUTA GREET SOUTH SOUTH ADDIE SOUTH ADDIE SOUTH SOUTH DEVELOPMENT DARKE COUNCIL ON RURAL SERVICE PROGRAMS, INC 201 ROBERT M DATIS PARKNAY - PIQUA, OH 45356 31-0902443 501(c)(3) 8,996. 0. EDUCATION DARKE COUNTY JUNIOR PAIR 000 SUBTIZER STREET GREENVILLE, OH 45331 34-4215590 501(c)(3) 9,195. 0. YOUTH DEVELOPMENT DAYTON ART INSTITUTE 656 EELMONTHE PARK NORTH DATTON, OH 45405 31.0537480 501(c)(3) 37,813. 0. RESAUTHE ADDIE SOUTHAR ADIE SOUTH SERVET SINGETIAL ONE CHILDREN'S INGETIAL ONE CHILDREN'S INGETIAL ONE CHILDREN'S INGETIAL ONE CHILDREN'S								
CITY OF TIPP CITY, OHIO CITY OF TIPP CITY, OHIO 20 SOUTH GARBER DRIVE TIPP CITY, OH 45371 31-0792424 22,502. 0. COMMUNITY AND ECONOMI DO SOUTH MARKET STREET TROY, OH 45373 31-6000549 34,367. 0. CLEAR CREEK FARM 1900 SOUTH MUTHER ROAD SIDNEY, OH 43355 31-0982443 501(C)(3) 88,462. 0. COUNCIL ON RURAL SERVICE PROGRAMS, INC 201 ROBERT M DAVIS PARKMAY - PIQUA, OH 45355 231-0982443 501(C)(3) 8,996. 0. DARKE COUNTY JUNIOR FAIR 800 SWITZER STREET GREENVILLE, OH 45331 34-4215590 501(C)(3) 9,195. 0. DAYTON, OH 45405 31-0537480 501(C)(3) 37,813. 0. DAYTON, OH 45405 31-0537480 501(C)(3) 160,000. 0. DAYTON CHILDREN'S HOSPITAL ONE		31-1212898	501(C)(3)	10 200	0			HIMAN SERVICES
260 SOUTH GARBER DELVE 31-0792424 22,502. 0. DEVELOPMENT CTTY OF TROY, OR 100 31-0792424 22,502. 0. DEVELOPMENT 100 SOUTH MARKET STREET 31-6000549 34,367. 0. DOMMONITY IMPROVEMENT CLEAR CREEK PARM 31-0600549 34,367. 0. DOMMONITY IMPROVEMENT 1900 SOUTH KUTHER ROAD 31-0982443 501(C)(3) 88,462. 0. SOUTAL SERVICES COUNCIL ON RURAL SERVICE PROGRAMS, INC 201 ROBERT M DAVIS PARKMAY 23-7299345 501(C)(3) 8,996. 0. EDUCATION DARKE COUNTY JUNIOR PAIR 34-4215590 501(C)(3) 9,195. 0. POUTH DEVELOPMENT DAYTON ART INSTITUTE 450 EEMIONTE PARK NORTH 31-0537480 501(C)(3) 37,613. 0. ARTS & CULTURE DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S HOSPITAL 31-0672132 501(C)(3) 160,000. 0. HEALTH		51 1212050	501(0/(5/	10,200.	••			
240 SOUTH GARBER DRIVE 31-0792424 22,502. 0. DEVELOPMENT TIPP CITY, 0H 45371 31-0792424 22,502. 0. DEVELOPMENT CTTY OF TROY, 0H 10 31-0792424 22,502. 0. DEVELOPMENT 100 SOUTH MARKET STREET 31-0600549 34,367. 0. DOMMUNITY IMPROVEMENT CLEAR CREEK PARM 31-0982443 501(C)(3) 88,462. 0. SOUTAL SERVICES COUNCIL ON RURAL SERVICE PROGRAMS, INC 201 KORBET M DAVIS PARKWAY 23-7299345 501(C)(3) 8,996. 0. EDUCATION DARRE COUNT JUNIOR FAIR 800 SWEITZER STREET 31-0537480 501(C)(3) 9,195. 0. MARTS & CULTURE DAYTON CHILDREN'S PLOSPITAL ONE CHILDREN'S PLOSPITAL ONE CHILDREN'S PLOSPITAL ONE CHILDREN'S PLOSPITAL 31-0572132 501(C)(3) 160,000. 0. HEALTH	CITY OF TIPP CITY OHIO							
TIPP CITY, OH 45371 31-0792424 22,502. 0. DEVELOPMENT CITY OF TROY, OHIO 100 SOUTH MARKET STREET 31-6000549 34,367. 0. COMMONITY IMPROVEMENT TROY, OH 45373 31-6000549 34,367. 0. COMMONITY IMPROVEMENT CLEAR CREEK FARM 100 SOUTH MUTHER ROAD 31-0000549 34,367. 0. COMMONITY IMPROVEMENT CLEAR CREEK FARM 100 SOUTH MUTHER ROAD 31-0982443 501(C)(3) 88,462. 0. SOCIAL SERVICES COUNCIL ON RURAL SERVICE PROGRAMS, INC 201 ROBERT M DAVIS PARKNAY 23-7299345 501(C)(3) 8,996. 0. EDUCATION DARKE COUNTY JUNIOR FAIR 23-7299345 501(C)(3) 9,195. 0. YOUTH DEVELOPMENT DAYTON ART INSTITUTE 34-4215590 501(C)(3) 9,195. 0. YOUTH DEVELOPMENT DAYTON, OH 45405 31-0537480 501(C)(3) 37,813. 0. ARTS & CULTURE DAYTON, OH 45404 31-0672132 501(C)(3) 160,000. 0. HEALTH								COMMUNITY AND ECONOMIC
CITY OF TROY, OHIO O C CUTY OF TROY, OHIO 100 SUCH MARKET STREFT 31-6000549 34,367. 0. CLEAR CREEK FARM 1900 SOUTH KUTHER ROAD SIDNEY, OH 45365 31-0982443 SOI(C)(3) 88,462. 0. SOCIAL SERVICES COUNCIL ON RUBAL SERVICE FROGRAMS, INC 201 ROBERT M DAVIS FARKWAY 23-7299345 SOI(C)(3) 8,996. 0. EDUCATION DARKE COUNTY JUNIOR PAIR 00 SWEITZER STREET GREENVILLE, OH 45331 34-4215590 SOI(C)(3) 9,195. 0. EDUCATION DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH 31-0537480 SOI(C)(3) 37,813. 0. ARTS & CULTURE DAYTON, OH 45405 31-0672132 SOI(C)(3) 160,000. 0. HEALTH		31-0792424		22 502.	0.			
100 SOUTH MARKET STREET TROY, OH 4537331-600054934,367.0.COMMUNITY IMPROVEMENTCLEAR CREEK FARM 1900 SOUTH KUTHER ROAD SIDNEY, OH 4536531-0982443501(C)(3)88,462.0.SOCIAL SERVICESCOUNCIL ON RURAL SERVICE PROGRAMS, INC 201 ROBERT M DAVIS PARKWAY - PIQUA, OH 4535631-0982443501(C)(3)88,962.0.SOCIAL SERVICESCOUNCIL ON RURAL SERVICE PROGRAMS, INC 201 ROBERT M DAVIS PARKWAY - PIQUA, OH 4535623-7299345501(C)(3)8,996.0.EDUCATIONDARKE COUNTY JUNIOR FAIR 800 SWEITZER STREET GREENVILLE, OH 4533134-4215590501(C)(3)9,195.0.YOUTH DEVELOPMENTDAYTON ART INSTITUTE 456 BELMONTH DAYTON, OH 4540531-0537480501(C)(3)37,813.0.ARTS & CULTUREDAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 4540431-0672132501(C)(3)160,000.0.HEALTH								
100 SOUTH MARKET STREET TROY, OH 4537331.600054934,367.0.COMMUNITY IMPROVEMENTCLEAR CREEK FARM 1900 SOUTH KUTHER ROAD SIDNEY, OH 45365310982443501(C)(3)88,462.0.SOCIAL SERVICESCOUNCIL ON RURAL SERVICE FROGRAMS, INC 201 ROBERT M DAVIS PARKMAY - FIQUA, OH 45356310982443501(C)(3)88,462.0.SOCIAL SERVICESCOUNCIL ON RURAL SERVICE FROGRAMS, INC 201 ROBERT M DAVIS PARKMAY - FIQUA, OH 4535623-7299345501(C)(3)8,996.0.EDUCATIONDARKE COUNTY JUNIOR FAIR 800 SWEITZER STREET GREENVILLE, OH 4531134-4215590501(C)(3)9,195.0.FOUTH DEVELOPMENTDAYTON ART INSTITUTE 456 BELMONTH DAYTON, OH 45405310537480501(C)(3)37,813.0.ARTS & CULTUREDAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404310672132501(C)(3)160,000.0.HEALTH	CITY OF TROY, OHIO							
CLEAR CREEK FARM 1900 SOUTH KUTHER ROAD 31-0982443 501(C)(3) 88,462. 0. SIDNEY, OH 45365 31-0982443 501(C)(3) 88,462. 0. SOCIAL SERVICES COUNCIL ON RURAL SERVICE PROGRAMS, INC 201 ROBERT M DAVIS PARKWAY 23-7299345 501(C)(3) 8,996. 0. P TQUA, OH 45366 23-7299345 501(C)(3) 8,996. 0. EDUCATION DARKE COUNTY JUNIOR FAIR 800 SWEITZER STREET GREENVILLE, OH 45331 34-4215590 501(C)(3) 9,195. 0. DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 45405 31-0537480 501(C)(3) 37,813. 0. ARTS & CULTURE DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA 31-0672132 501(C)(3) 160,000. 0. HEALTH								
CLEAR CREEK FARM 1900 SOUTH KUTHER ROAD SIDNEY, OH 45365 31-0982443 501(C)(3) 88,462. 0. SOCIAL SERVICES COUNCIL ON RURAL SERVICE PROGRAMS, INC 201 ROBERT M DAVIS PARKWAY 23-7299345 501(C)(3) 8,996. 0. EDUCATION PIQUA, OH 45356 23-7299345 501(C)(3) 8,996. 0. EDUCATION DARKE COUNTY JUNIOR FAIR 800 SWBITZER STREET GREENVILLE, OH 45331 34-4215590 501(C)(3) 9,195. 0. FOUTH DEVELOPMENT DAYTON ART INSTITUTE 456 BELMONTE FARK NORTH DAYTON, OH 45405 31-0537480 501(C)(3) 37,813. 0. ARTS & CULTURE DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA 31-0672132 501(C)(3) 160,000. 0. HEALTH	TROY, OH 45373	31-6000549		34,367.	0.			COMMUNITY IMPROVEMENT
1900 SOUTH KUTHER ROAD SIDNEY, OH 4536531-0982443501(C)(3)88,462.0.SOCIAL SERVICESCOUNCIL ON RURAL SERVICE PROGRAMS, INC 201 ROBERT M DAVIS PARKWAY - PIQUA, OH 4535623-7299345501(C)(3)8,996.0.EDUCATIONDARKE COUNTY JUNIOR FAIR 800 SWEITZER STREET GREENVILLE, OH 4533134-4215590501(C)(3)9,195.0.YOUTH DEVELOPMENTDAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 4540531-0537480501(C)(3)37,813.0.ARTS & CULTUREDAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 4540431-0672132501(C)(3)160,000.0.HEALTH				,				
SIDNEY, OH 4536531-0982443501(C)(3)88,462.0.SOCIAL SERVICESCOUNCIL ON RURAL SERVICE PROGRAMS, INC 201 ROBERT M DAVIS PARKWAY - PIQUA, OH 4535623-7299345501(C)(3)8,996.0.EDUCATIONDARKE COUNTY JUNIOR FAIR 800 SWEITZER STREET GREENVILLE, OH 4533134-4215590501(C)(3)9,195.0.YOUTH DEVELOPMENTDAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 4540531-0537480501(C)(3)37,813.0.ARTS & CULTUREDAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S FLAZA DAYTON, OH 4540431-0672132501(C)(3)160,000.0.HEALTH	CLEAR CREEK FARM							
COUNCIL ON RURAL SERVICE PROGRAMS, INC 201 ROBERT M DAVIS PARKWAY - PIQUA, OH 45356 DARKE COUNTY JUNIOR FAIR 800 SWEITZER STREET GREENVILLE, OH 45331 J4-4215590 501(C)(3) J4-4215590 501(C)(3) J34-4215590 501(C)(3) J34-4215590 501(C)(3) J37,813. O. DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 45405 J1-0537480 501(C)(3) J1-0537480 501(C)(3) J7,813. O. HEALTH HEALTH DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404 J1-0672132 501(C)(3) J60,000. O. HEALTH	1900 SOUTH KUTHER ROAD							
INC 201 ROBERT M DAVIS PARKWAY - PIQUA, OH 45356 23-7299345 501(C)(3) 8,996. 0. EDUCATION DARKE COUNTY JUNIOR FAIR 800 SWEITZER STREET GREENVILLE, OH 45331 34-4215590 501(C)(3) 9,195. 0. YOUTH DEVELOPMENT DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 45405 31-0537480 501(C)(3) 37,813. 0. ARTS & CULTURE DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404 31-0672132 501(C)(3) 160,000. 0. HEALTH DAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK	SIDNEY, OH 45365	31-0982443	501(C)(3)	88,462.	0.			SOCIAL SERVICES
INC 201 ROBERT M DAVIS PARKWAY - PIQUA, OH 45356 23-7299345 501(C)(3) 8,996. 0. EDUCATION DARKE COUNTY JUNIOR FAIR 800 SWEITZER STREET GREENVILLE, OH 45331 34-4215590 501(C)(3) 9,195. 0. YOUTH DEVELOPMENT DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 45405 31-0537480 501(C)(3) 37,813. 0. ARTS & CULTURE DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404 31-0672132 501(C)(3) 160,000. 0. HEALTH								
- PIQUA, OH 4535623-7299345501(C)(3)8,996.0.EDUCATIONDARKE COUNTY JUNIOR FAIR 800 SWEITZER STREET GREENVILLE, OH 4533134-4215590501(C)(3)9,195.0.YOUTH DEVELOPMENTDAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 4540531-0537480501(C)(3)37,813.0.ARTS & CULTUREDAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 4540431-0672132501(C)(3)160,000.0.HEALTH	COUNCIL ON RURAL SERVICE PROGRAMS,							
DARKE COUNTY JUNIOR FAIR 800 SWEITZER STREET GREENVILLE, OH 4533134-4215590501(C)(3)9,195.0.DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 4540531-0537480501(C)(3)37,813.0.DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 4540431-0672132501(C)(3)160,000.0.DAYTON, OH 4540431-0672132501(C)(3)160,000.0.HEALTH	INC 201 ROBERT M DAVIS PARKWAY							
800 SWEITZER STREET GREENVILLE, OH 4533134-4215590501(C)(3)9,195.0.YOUTH DEVELOPMENTDAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 4540531-0537480501(C)(3)37,813.0.ARTS & CULTUREDAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 4540431-0672132501(C)(3)160,000.0.HEALTH	- PIQUA, OH 45356	23-7299345	501(C)(3)	8,996.	0.			EDUCATION
800 SWEITZER STREET GREENVILLE, OH 4533134-4215590501(C)(3)9,195.0.YOUTH DEVELOPMENTDAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 4540531-0537480501(C)(3)37,813.0.ARTS & CULTUREDAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 4540431-0672132501(C)(3)160,000.0.HEALTH								
GREENVILLE, OH 4533134-4215590501(C)(3)9,195.0.YOUTH DEVELOPMENTDAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 4540531-0537480501(C)(3)37,813.0.ARTS & CULTUREDAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 4540431-0672132501(C)(3)160,000.0.HEALTHDAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK31-0672132501(C)(3)160,000.0.HEALTH	DARKE COUNTY JUNIOR FAIR							
DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 4540531-0537480501(C)(3)37,813.0.ARTS & CULTUREDAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 4540431-0672132501(C)(3)160,000.0.HEALTHDAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK								
456 BELMONTE PARK NORTH DAYTON, OH 4540531-0537480501(C)(3)37,813.0.ARTS & CULTUREDAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 4540431-0672132501(C)(3)160,000.0.HEALTHDAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK	GREENVILLE, OH 45331	34-4215590	501(C)(3)	9,195.	0.			YOUTH DEVELOPMENT
456 BELMONTE PARK NORTH DAYTON, OH 4540531-0537480501(C)(3)37,813.0.ARTS & CULTUREDAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 4540431-0672132501(C)(3)160,000.0.HEALTHDAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK								
DAYTON, OH 4540531-0537480501(C)(3)37,813.0.ARTS & CULTUREDAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 4540431-0672132501(C)(3)160,000.0.HEALTHDAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK								
DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404 31-0672132 501(C)(3) 160,000. 0. HEALTH DAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK			501 (2) (2)		-			
ONE CHILDREN'S PLAZA 31-0672132 501(C)(3) 160,000. 0. HEALTH DAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK Image: College park	DAYTON, OH 45405	31-0537480	5U1(C)(3)	37,813.	0.			ARTS & CULTURE
ONE CHILDREN'S PLAZA 31-0672132 501(C)(3) 160,000. 0. HEALTH DAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK Image: College park	DAVMON GUILDDEN'S HOSDEN'S							
DAYTON, OH 45404 31-0672132 501(C)(3) 160,000. 0. HEALTH DAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK Image:								
DAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK		21 0670120	E01/(C)/(2)	160.000	^			עדאד חוו
300 COLLEGE PARK	DAITON, OR 43404	31-00/2132	DUT(C)(D)	100,000.	0.			DEALTH
300 COLLEGE PARK	DAVION FADLY COLLECE ACADEMY							
DAYTON, OH 45469 26-0463618 501(C)(3) 60,000. 0. EDUCATION		26-0463618	501(C)(3)	60 000	n			EDUCATION

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Part II Continuation of Grants and Other							
(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)	117,294.	Ο.			EDUCATION
DOROTHY LOVE RETIREMENT COMMUNITY							
3003 WEST CISCO ROAD							
SIDNEY, OH 45365	34-4429863	501(C)(3)	15,407.	0.			HEALTH & HUMAN SERVICES
DREAM BUILDERS GROUP INC							
6759 SOUTH COUNTY ROAD 25A							
TIPP CITY, OH 45371	31-1405053	501(C)(3)	13,300.	0.			YOUTH DEVELOPMENT
ELIZABETH'S NEW LIFE CENTER							
2201 NORTH MAIN STREET	21 1201001						
DAYTON, OH 45405	31-1381901		8,000.	0.			EDUCATION
EXHIBIT CONCEPTS							
700 CROSSROAD COURT							
VANDALIA, OH 45377			11,775.	0.			ADMINISTRATIVE EXPENSE
VANDALIA, OH 45577			11,775.	0.			RDMINISIRATIVE EXFENSE
FAMILY ABUSE SHELTER OF MIAMI							
COUNTY, INC 530 CRESENT DRIVE -							
TROY, OH 45373	31-0966177	501(C)(3)	20,000.	Ο.			SOCIAL SERVICES
FAMILY ABUSE SHELTER OF MIAMI							
COUNTY, INC 530 CRESENT DRIVE -							
TROY, OH 45373	31-0966177	501(C)(3)	30,000.	Ο.			HUMAN SERVICES
,			,				
FIRST PLACE FOOD PANTRY, INC.							
PO BOX 81							
TROY, OH 45373	47-0994740	501(C)(3)	50,000.	Ο.			HUMAN SERVICES
· ·			, ,				
FIRST PRESBYTERIAN CHURCH							
20 SOUTH WALNUT STREET							
TROY, OH 45373	31-0549049	501(C)(3)	6,178.	Ο.			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
FIRST UNITED CHURCH OF CHRIST							
120 SOUTH MARKET STREET							RELIGIOUS/SPIRITUAL
ткоу, он 45373	13-1957221	501(C)(3)	5,738.	0.			DEVELOPMENT
FIRST UNITED CHURCH OF CHRIST							
120 SOUTH MARKET STREET							RELIGIOUS/SPIRITUAL
ткоу, он 45373	13-1957221	501(C)(3)	7,731.	0.			DEVELOPMENT
FIRST UNITED CHURCH OF CHRIST							
120 SOUTH MARKET STREET							RELIGIOUS/SPIRITUAL
TROY, OH 45373	13-1957221	501(C)(3)	17,328.	0.			DEVELOPMENT
,							
FIRST UNITED METHODIST CHURCH							
110 WEST FRANKLIN STREET							
TROY, OH 45373	31-0543279	501(C)(3)	13,703.	0.			GENERAL SUPPORT
FISH OF TROY, INC.							
PO BOX 764							
TROY, OH 45373	51-0435875	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FISH OF TROY, INC.							
, PO BOX 764							
TROY, OH 45373	51-0435875	501(C)(3)	10,000.	0.			SOCIAL SERVICES
FISH OF TROY, INC.							
PO BOX 764							
ткоу, он 45373	51-0435875	501(C)(3)	10,000.	0.			HUMAN SERVICES
FISH OF TROY, INC.							
PO BOX 764							
TROY, OH 45373	51-0435875	501(C)(3)	10,000.	0.			SOCIAL SERVICES
· ·		,					
FISH OF TROY, INC.							
PO BOX 764							
TROY, OH 45373	51-0435875	501(C)(3)	15,581.	Ο.			SOCIAL SERVICES

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(a) Description of	(b) Durpage of great
(a) Name and address of organization or government		if applicable	cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISH OF TROY, INC.							
PO BOX 764							
TROY, OH 45373	51-0435875	501(C)(3)	30,000.	0.			SOCIAL SERVICES
FLORA CONSTRUCTION							
3630 N. RANGELINE ROAD							
COVINGTON, OH 45318			11,425.	0.			COMMUNITY IMPROVEMENT
FRANCISCAN UNIVERSITY OF			,				
STEUBENVILLE - 1235 UNIVERSITY							
BOULEVARD - STEUBENVILLE, OH							
43952-1792	34-0714818	501(C)(3)	10,000.	0.			EDUCATION
FRIENDS OF HAYNER, INC.							
301 WEST MAIN STREET							ARTS, CULTURE AND
ткоу, он 45373	31-1081395	501(C)(3)	5,906.	0.			HUMANITIES
FRIENDS OF HAYNER, INC.							
301 WEST MAIN STREET							ARTS, CULTURE AND
TROY, OH 45373	31-1081395	501(C)(3)	12,000.	0.			HUMANITIES
FRIENDS OF HAYNER, INC.							
301 WEST MAIN STREET							ARTS, CULTURE AND
TROY, OH 45373	31-1081395	501(C)(3)	16,310.	0.			HUMANITIES
GINGHAMSBURG CHURCH							
6759 SOUTH COUNTY ROAD 25A							RELIGIOUS/SPIRITUAL
TIPP CITY, OH 45371	31-0808339	501(C)(3)	8,000.	0.			DEVELOPMENT
HALL, MS. RUBY B.							
3737 LAKE MICHEL COURT							ARTS, CULTURE AND
GRETNA, LA 70056			15,000.	0.			HUMANITIES
			15,000.	0.			
HALL, MS. RUBY B.							
3737 LAKE MICHEL COURT							
GRETNA, LA 70056			15,000.	Ο.			EDUCATION

THE TROY FOUNDATION

Schedule I (Form 990) THE TROY							81-6018703 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art 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
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A							
TROY, OH 45373	31-1596731	501(C)(3)	5,020.	0.			HEALTH & HUMAN SERVICES
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A							
ткоу, он 45373	31-1596731	501(C)(3)	18,638.	0.			HEALTH & HUMAN SERVICES
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A							
TROY, OH 45373	31-1596731	501(C)(3)	30,000.	0.			HEALTH & HUMAN SERVICES
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A							
TROY, OH 45373	31-1596731	501(C)(3)	35,000.	0.			HEALTH
HOBART INSTITUTE OF WELDING TECHNOLOGY - 400 TRADE SQUARE E - TROY, OH 45373	31-6032186	501(C)(3)	10,000.	0.			EDUCATION
HOBART INSTITUTE OF WELDING TECHNOLOGY - 400 TRADE SQUARE E -							
TROY, OH 45373	31-6032186	501(C)(3)	12,800.	0.			EDUCATION
HOBART INSTITUTE OF WELDING TECHNOLOGY - 400 TRADE SQUARE E -							
TROY, OH 45373	31-6032186	501(C)(3)	12,800.	0.			EDUCATION
HOMETOWN HEROES FUND 216 W FRANKLIN STREET							
TROY, OH 45373			6,500.	0.			EDUCATION
HONOR FLIGHT DAYTON, INC. 200 CANARY COURT							
ENON, OH 45323	27-2186914	501(C)(3)	20,000.	0.			HUMAN SERVICES

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	irt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
UCCDICE OF MIANI COUNTY INC							
HOSPICE OF MIAMI COUNTY, INC. ENDOWMENT FUND - 3230 NORTH COUNTY							
ROAD $25A - TROY, OH 45373$	31-1031277		11,813.	٥.			HEALTH & HUMAN SERVICES
	51 1051277		11,013.	·.			HEADTH & HOMAN SERVICES
I.D.E.A. TROY							
969 DICKERSON DRIVE							
TROY, OH 45373	31-6018703	501(C)(3)	20,000.	٥.			EDUCATION
INDIANA UNIVERSITY							
107 SOUTH INDIANA AVENUE							
BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	10,000.	٥.			EDUCATION
INDIANA WESLEYAN UNIVERSITY							
4201 SOUTH WASHINGTON STREET							
MARION, IN 46953-4974	35-0885591	501(C)(3)	5,500.	٥.			EDUCATION
ISAIAH'S PLACE							
61 SOUTH STANFIELD ROAD							MENTAL HEALTH, CRISIS
TROY, OH 45373	01-0779327	501(C)(3)	6,000.	٥.			INTERVENTION
ISAIAH'S PLACE							
61 SOUTH STANFIELD ROAD							
TROY, OH 45373	01-0779327	501(C)(3)	9,316.	٥.			SOCIAL SERVICES
_							
ISAIAH'S PLACE							
61 SOUTH STANFIELD ROAD							MENTAL HEALTH, CRISIS
TROY, OH 45373	01-0779327	501(C)(3)	24,000.	0.			INTERVENTION
ISAIAH'S PLACE							
61 SOUTH STANFIELD ROAD							
TROY, OH 45373	01-0779327	501(C)(3)	35,712.	0.			HUMAN SERVICES
JOSIE ROHLFS DEFERRED SCHOLARSHIPS							
216 W FRANKLIN STREET							
TROY, OH 45373			6,000.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other	er Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt 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
KENT STATE UNIVERSITY							
BURSAR'S OFFICE							
KENT, OH 44242	31-6402079	501(C)(3)	10,000.	0.			EDUCATION
KIDS READ NOW, INC.							
55 MARYBILL DR. S.							
ткоу, он 45373	45-3504550	501(C)(3)	5,962.	0.			EDUCATION
KIWANIS CLUB OF PIQUA K 02086							
PO BOX 738							
PIQUA, OH 45356	31-6039494	501(C)(3)	16,888.	0.			GENERAL SUPPORT
LEE UNIVERSITY							
PO BOX 3450							
CLEVELAND, TN 37320	62-0502739	501(C)(3)	10,000.	0.			EDUCATION
	02 0302733	501(0)(3)	10,000.	••			
LEHMAN CATHOLIC HIGH SCHOOL							
2400 ST. MARYS AVENUE							
SIDNEY, OH 45365	34-1055864	501(C)(3)	7,500.	0.			EDUCATION
·							
LEHMAN CATHOLIC HIGH SCHOOL							
2400 ST. MARYS AVENUE							
SIDNEY, OH 45365	34-1055864	501(C)(3)	10,000.	0.			EDUCATION
LEHMAN CATHOLIC HIGH SCHOOL							
2400 ST. MARYS AVENUE	34 1055064	501(C)(3)	10.000	0.			EDUCATION
SIDNEY, OH 45365	34-1055864	501(C)(3)	10,000.	0.			EDUCATION
LEHMAN CATHOLIC HIGH SCHOOL							
2400 ST. MARYS AVENUE							
SIDNEY, OH 45365	34-1055864	501(C)(3)	11,857.	0.			EDUCATION
			, , ,				
LEHMAN CATHOLIC HIGH SCHOOL							
2400 ST. MARYS AVENUE							
SIDNEY, OH 45365	34-1055864	501(C)(3)	30,000.	0.			EDUCATION

THE TROY FOUNDATION

	Y FOUNDATIO						1-6018703 Page
Part II Continuation of Grants and Oth	her Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.) T	
(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
TEEDWY INITYED CTMY							
LIBERTY UNIVERSITY FINANCIAL AID OFFICE							
LYNCHBURG, VA 24515	54-0946734	501(C)(3)	10,000.	0.			EDUCATION
	51 05 10 / 51	501(0)(3)	10,000.				
LINCOLN COMMUNITY CENTER							
L10 ASH STREET							
TROY, OH 45373	31-0584315	501(C)(3)	5,906.	0.			RECREATIONAL
			,				
LINCOLN COMMUNITY CENTER							
110 ASH STREET							
TROY, OH 45373	31-0584315	501(C)(3)	6,000.	0.			EDUCATION
LINCOLN COMMUNITY CENTER							
110 ASH STREET							
TROY, OH 45373	31-0584315	501(C)(3)	6,000.	0.			RECREATIONAL
LINCOLN COMMUNITY CENTER							
110 ASH STREET							
TROY, OH 45373	31-0584315	501(C)(3)	6,328.	0.			YOUTH DEVELOPMENT
LINCOLN COMMUNITY CENTER							
110 ASH STREET	31-0584315	501(C)(3)	6 2 2 9	0.			RECREATIONAL
IROY, OH 45373	51-0564515	501(C)(3)	6,328.	0.			RECREATIONAL
LINCOLN COMMUNITY CENTER							
110 ASH STREET							
TROY, OH 45373	31-0584315	501(C)(3)	6,328.	0.			RECREATIONAL
				.			
LINCOLN COMMUNITY CENTER							
L10 ASH STREET							
IROY, OH 45373	31-0584315	501(C)(3)	6,328.	0.			RECREATIONAL
,			,				
LINCOLN COMMUNITY CENTER							
L10 ASH STREET							
ГКОҮ, ОН 45373	31-0584315	501(C)(3)	6,328.	Ο.			GENERAL SUPPORT

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
(a) Name and address of organization or government		if applicable	cash grant	assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
LINCOLN COMMUNITY CENTER							
110 ASH STREET							
TROY, OH 45373	31-0584315	501(C)(3)	6,328.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY CENTER							
110 ASH STREET							
TROY, OH 45373	31-0584315	501(C)(3)	6,328.	0.			RECREATIONAL
LINCOLN COMMUNITY CENTER							
110 ASH STREET							
TROY, OH 45373	31-0584315	501(C)(3)	6,328.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY CENTER							
110 ASH STREET							
TROY, OH 45373	31-0584315	501(C)(3)	6,328.	0.			GENERAL SUPPORT
	51 0504515	501(0)(3)	0,520.	0.			SENERAL SOFFORT
LINCOLN COMMUNITY CENTER							
110 ASH STREET							
тгоч, он 45373	31-0584315	501(C)(3)	6,328.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY CENTER							
110 ASH STREET							
ткоу, он 45373	31-0584315	501(C)(3)	6,328.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY CENTER							
110 ASH STREET							
TROY, OH 45373	31-0584315	501(C)(3)	6,328.	0.			RECREATIONAL
LINCOLN COMMUNITY CENTER							
110 ASH STREET							
TROY, OH 45373	31-0584315	501(C)(3)	15,000.	0.			RECREATIONAL
, on 10070			10,000.				
LINCOLN COMMUNITY CENTER							
110 ASH STREET							
TROY, OH 45373	31-0584315	501(C)(3)	40,000.	٥.			EDUCATION

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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
LINCOLN COMMUNITY CENTER							
110 ASH STREET							
TROY, OH 45373	31-0584315	501(C)(3)	49,973.	0.			RECREATIONAL
LINCOLN COMMUNITY CENTER							
110 ASH STREET							
TROY, OH 45373	31-0584315	501(C)(3)	50,000.	0.			EDUCATION
MIAMI COUNTY AGRICULTURAL SOCIETY							
650 NORTH COUNTY ROAD 25A							
TROY, OH 45373	31-0512071	501(C)(3)	14,200.	0.			EVENT EXPENSE
MIAMI COUNTY CONTINUUM OF CARE							
180 EAST RACE ST.	07 0135000	F01 (g) (2)	35 000	0			
TROY, OH 45373	27-2135208	501(C)(3)	35,000.	0.			SOCIAL SERVICES
MIAMI COUNTY DENTAL CLINIC							
70 TROY TOWNE DRIVE							
ткоу, он 45373	20-4901192	501(C)(3)	5,020.	0.			HEALTH & HUMAN SERVICES
MIAMI COUNTY DENTAL CLINIC							
70 TROY TOWNE DRIVE							
TROY, OH 45373	20-4901192	501(C)(3)	10,000.	0.			SOCIAL SERVICES
MIAMI COUNTY DENTAL CLINIC							
70 TROY TOWNE DRIVE							
TROY, OH 45373	20-4901192	501(C)(3)	19,328.	0.			HEALTH & HUMAN SERVICES
	1						
MIAMI COUNTY DENTAL CLINIC							
70 TROY TOWNE DRIVE							
TROY, OH 45373	20-4901192	501(C)(3)	25,896.	0.			EDUCATION
MIAMI COUNTY JUNIOR FAIR							
650 NORTH COUNTY ROAD 25A							
TROY, OH 45373	31-0512071	501(C)(3)	9,195.	0.			YOUTH DEVELOPMENT

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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
MIAMI COUNTY LOCAL FOOD COUNCIL							
PO BOX 334							COMMUNITY AND ECONOMIC
TROY, OH 45373	81-3339080	501(C)(3)	9,600.	0.			DEVELOPMENT
MIAMI COUNTY PARK DISTRICT							
2645 EAST STATE ROUTE 41							
TROY, OH 45373	31-6000055	501(C)(3)	8,000.	0.			RECREATIONAL
MIAMI COUNTY PARK DISTRICT							
2645 EAST STATE ROUTE 41							
TROY, OH 45373	31-6000055	501(C)(3)	10,000.	0.			ENVIRONMENT
NTANT COMMUN DADY DIGMDICM							
MIAMI COUNTY PARK DISTRICT							
2645 EAST STATE ROUTE 41	31-6000055	501(C)(3)	20 205	0.			RECREATIONAL
TROY, OH 45373	3T-0000022	501(C)(3)	38,385.	0.			RECREATIONAL
MIAMI COUNTY PUBLIC HEALTH							
DEPARTMENT - 510 W. WATER STREET -							
TROY, OH 45373	31-6000055		15,000.	0.			HEALTH & HUMAN SERVICES
IKO1, ON 45575	51 0000055		13,000.				
MIAMI COUNTY SHERIFF'S DEPARTMENT							
201 WEST MAIN STREET							PUBLIC SAFETY, DISASTER
TROY, OH 45373	31-6000055		45,600.	0.			, PREPAREDNESS AND RELIEF
			, ,				
MIAMI COUNTY VISITORS AND							
CONVENTION BUREAU - 405 PUBLIC							
SQUARE SOUTHWEST - TROY, OH 45373	31-1315269	501(C)(3)	12,000.	0.			EVENT EXPENSE
MIAMI COUNTY YMCA							
223 WEST HIGH STREET							
PIQUA, OH 45356	31-0537179	501(C)(3)	7,500.	0.			RECREATIONAL
MIAMI COUNTY YMCA							
223 WEST HIGH STREET							
PIQUA, OH 45356	31-0537179	501(C)(3)	20,000.	0.			RECREATIONAL

THE TROY FOUNDATION

Schedule I (Form 990) THE TROY							1-6018703 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	ırt 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
IIAMI COUNTY YMCA							
223 WEST HIGH STREET							
PIQUA, OH 45356	31-0537179	501(C)(3)	20,000.	0.			RECREATIONAL
MIAMI COUNTY YMCA							
223 WEST HIGH STREET	31-0537179	$E_{01}(\alpha)(2)$	25 000	0.			RECREATIONAL
PIQUA, OH 45356	31-0537179	501(C)(3)	25,000.	0.			RECREATIONAL
MIAMI COUNTY YMCA							
223 WEST HIGH STREET							
PIQUA, OH 45356	31-0537179	501(C)(3)	50,000.	0.			RECREATIONAL
			,				
MIAMI COUNTY YMCA ROBINSON BRANCH							
3060 SOUTH COUNTY ROAD 25A							COMMUNITY AND ECONOMIC
IROY, OH 45373	31-0537179	501(C)(3)	12,500.	0.			DEVELOPMENT
MIAMI EAST LOCAL SCHOOLS							
3825 NORTH STATE ROUTE 589							
CASSTOWN, OH 45312	31-6007688	501(C)(3)	9,120.	0.			RECREATIONAL
MIAMI VALLEY COUNCIL BOY SCOUTS OF							
AMERICA - 7285 POE AVENUE -							
DAYTON, OH 45414	31-0537124	501(C)(3)	7,500.	0.			YOUTH DEVELOPMENT
			.,	••			
MIAMI VALLEY VETERANS MUSEUM							
2245 SOUTH COUNTY ROAD 25A							
TROY, OH 45373	27-2517593	501(C)(3)	10,000.	0.			EDUCATION
AICHIGAN STATE UNIVERSITY							
556 EAST CIRCLE DRIVE							
EAST LANSING, MI 48823	38-6005984	501(C)(3)	5,500.	0.			EDUCATION
NETDEMICS, LLC 2544 TECHNICAL DR.							
MIAMISBURG, OH 45342			9,233.	0.			EDUCATION
MIAMISBURG, ON 45542			5,233.	υ.			BLOCKITON

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EW CREATION COUNSELING CENTER 695 SOUTH COUNTY ROAD 25A IPP CITY, OH 45371 EW CREATION COUNSELING CENTER 695 SOUTH COUNTY ROAD 25A IPP CITY, OH 45371 EW CREATION COUNSELING CENTER 695 SOUTH COUNTY ROAD 25A IPP CITY, OH 45371		501(C)(3) 501(C)(3)	6,000.	0.	appraisal, other)	MENTAL HEALTH, CRISIS INTERVENTION
695 SOUTH COUNTY ROAD 25A IPP CITY, OH 45371 EW CREATION COUNSELING CENTER 695 SOUTH COUNTY ROAD 25A IPP CITY, OH 45371 EW CREATION COUNSELING CENTER 695 SOUTH COUNTY ROAD 25A				0.		· ·
IPP CITY, OH 45371 EW CREATION COUNSELING CENTER 695 SOUTH COUNTY ROAD 25A IPP CITY, OH 45371 EW CREATION COUNSELING CENTER 695 SOUTH COUNTY ROAD 25A				0.		· ·
EW CREATION COUNSELING CENTER 695 SOUTH COUNTY ROAD 25A IPP CITY, OH 45371 EW CREATION COUNSELING CENTER 695 SOUTH COUNTY ROAD 25A				0.		INTERVENTION
695 SOUTH COUNTY ROAD 25A IPP CITY, OH 45371 EW CREATION COUNSELING CENTER 695 SOUTH COUNTY ROAD 25A	31-1409864	501(C)(3)	11,850.			
695 SOUTH COUNTY ROAD 25A IPP CITY, OH 45371 EW CREATION COUNSELING CENTER 695 SOUTH COUNTY ROAD 25A	31-1409864	501(C)(3)	11,850.			
IPP CITY, OH 45371 EW CREATION COUNSELING CENTER 695 SOUTH COUNTY ROAD 25A	31-1409864	501(C)(3)	11,850.			
EW CREATION COUNSELING CENTER 695 SOUTH COUNTY ROAD 25A	31-1409864	501(C)(3)	11,850.			MENTAL HEALTH, CRISIS
695 SOUTH COUNTY ROAD 25A			1 '	0.		INTERVENTION
695 SOUTH COUNTY ROAD 25A		1				
	1					MENTAL HEALTH, CRISIS
	31-1409864	501(C)(3)	13,000.	0.		INTERVENTION
HIO COUNCIL OF DELIBERATION				- •		
CHOLARSHIP FUND - DEPUTY OF THE						
RIENT OF OHIO - CINCINNATI, OH						
5213-2023	32-0247237	501(C)(3)	35,959.	0.		EDUCATION
				- •		
HIO DEPARTMENT OF COMMERCE						
606 TUSSING ROAD						
EYNOLDSBURG, OH 43068			5,620.	0.		EDUCATION
,,			-,	- •		<u></u>
HIO DEPARTMENT OF COMMERCE						
606 TUSSING ROAD						
EYNOLDSBURG, OH 43068			5,980.	0.		EDUCATION
						1
HIO UNIVERSITY						
FFICE OF STUDENT FINANCIAL AID						
THENS, OH 45701	31-6402113	501(C)(3)	6,500.	0.		EDUCATION
HIO UNIVERSITY						
FFICE OF STUDENT FINANCIAL AID						
THENS, OH 45701	31-6402113	501(C)(3)	10,000.	0.		EDUCATION
HIO UNIVERSITY						
FFICE OF STUDENT FINANCIAL AID						
THENS, OH 45701	31-6402113	F01(C)(2)	10,000.	0.		EDUCATION

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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
OHIO UNIVERSITY							
OFFICE OF STUDENT FINANCIAL AID							
ATHENS, OH 45701	31-6402113	501(C)(3)	10,000.	0.			EDUCATION
OHIO UNIVERSITY							
OFFICE OF STUDENT FINANCIAL AID							
ATHENS, OH 45701	31-6402113	501(C)(3)	10,000.	0.			EDUCATION
OHIO'S HOSPICE OF MIAMI COUNTY							
3230 NORTH COUNTY ROAD 25A			6 4 7 9				
ткоу, он 45373	31-1031277	501(C)(3)	6,178.	0.			GENERAL SUPPORT
OHIO'S HOSPICE OF MIAMI COUNTY							
3230 NORTH COUNTY ROAD 25A							
TROY, OH 45373	31-1031277	501(C)(3)	9,195.	0.			HEALTH & HUMAN SERVICES
OHIO'S HOSPICE OF MIAMI COUNTY							
3230 NORTH COUNTY ROAD 25A							
TROY, OH 45373	31-1031277	501(C)(3)	9,250.	0.			HEALTH & HUMAN SERVICES
OHIO'S HOSPICE OF MIAMI COUNTY							
3230 NORTH COUNTY ROAD 25A							
TROY, OH 45373	31-1031277	501(C)(3)	20,000.	0.			HEALTH & HUMAN SERVICES
OHIO'S HOSPICE OF MIAMI COUNTY							
3230 NORTH COUNTY ROAD 25A							
TROY, OH 45373	31-1031277	501(C)(3)	25,000.	0.			HEALTH & HUMAN SERVICES
OHIO'S HOSPICE OF MIAMI COUNTY							
3230 NORTH COUNTY ROAD 25A							
TROY, OH 45373	31-1031277	501(C)(3)	43,161.	0.			HEALTH & HUMAN SERVICES
OHIO'S HOSPICE OF MIAMI COUNTY							
3230 NORTH COUNTY ROAD 25A							
TROY, OH 45373	31-1031277	501(C)(3)	100,000.	0.			HEALTH & HUMAN SERVICES

THE TROY FOUNDATION Schedule I (Form 990) .

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OUR FARM SANCTURAY Gas Ageneration NIMAL R TIPP CITY, OH 45371 83-2712332 501(C)(3) 20,000. 0. OVERFIELD TAVERN MUSEUM 201 RASY WATER STREET RRTS, CD RRTS, CD TROY, OH 45373 31 1337433 501(C)(3) 65,000. 0. PARTNERS IN HOPE, INC. 100 EAST RACE STREET 31-1305869 501(C)(3) 5,020. 0. TROY, OH 45373-3567 31-1305869 501(C)(3) 5,020. 0. SOCIAL S PARTNERS IN HOPE, INC. 100 EAST RACE STREET TROY, OH 45373-3567 31-1305869 501(C)(3) 10,000. 0. 100 EAST RACE STREET TROY, OH 45373-3567 31-1305869 501(C)(3) 10,000. 0. PARTNERS IN HOPE, INC. 100 EAST RACE STREET TROY, OH 45373-3567 31-1305869 501(C)(3) 10,000. 0. PARTNERS IN HOPE, INC. 130 EAST RACE STREET TROY, OH 45373-3567 31-1305869 501(C)(3) 30,000. 0. SOCIAL S CLAYTON, OH 45315 32-0020270 501(C)(3) 1,000,000. 0.	EIN (c) IRC section if applicable (d) Amount of cash grant assistance (book, FMV, appraisal, other) (g) Description o		(h) Purpose of grant or assistance
6495 AGENEROAD ROAD 83-2712332 501(C)(3) 20,000. 0. NNIMAL R DYEEP FLED TAVEEN WUSEUM 201 BAST WATER STREET RATES, CU RATES, CU RATES, CU DOTE BAST WATER STREET 31-1337433 501(C)(3) 65,000. 0. HARTS, CU PARTNERS IN HOPE, INC. 100 EAST RACE STREET 31-1305869 501(C)(3) 5,020. 0. SOCIAL S PARTNERS IN HOPE, INC. 100 EAST RACE STREET 31-1305869 501(C)(3) 5,020. 0. SOCIAL S PARTNERS IN HOPE, INC. 100 EAST RACE STREET 31-1305869 501(C)(3) 10,000. 0. SOCIAL S PARTNERS IN HOPE, INC. 31-1305869 501(C)(3) 10,000. 0. SOCIAL S PARTNERS IN HOPE, INC. 31-1305869 501(C)(3) 30,000. 0. SOCIAL S PARTNERS IN HOPE, INC. 32-0020270 501(C)(3) 30,000. 0. SOCIAL S PARTNERS IN HOPE, INC. 32-0020270 501(C)(3) 1,000,000. 0. HEALTH E CLAYCON, OH 45373 32-0020270 5			
TIFP CITY, 0H 45371 83-2712332 501(C)(3) 20,000. 0. PROTECTI OVERFIELD TAVEEN MUSEUM 201 EAST WATER STREET 31-1337433 501(C)(3) 65,000. 0. NATE, CONSTRUCTION RATE, CONSTRUCTION (145373) NATE, CONSTRUENT (1450) <t< td=""><td></td><td>NCTUARY</td><td></td></t<>		NCTUARY	
DVERFIELD TAVEEN MUSEUM DVERFIELD TAVEEN MUSEUM DVERFIELD TAVEEN MUSEUM 0216 BAST WATER STREET 31-1337433 501(C)(3) 65,000. 0. PRATNERS IN HOPE, INC. 180 EAST RACE STREET 11-1305869 501(C)(3) 5,020. 0. PARTNERS IN HOPE, INC. 180 EAST RACE STREET 31-1305869 501(C)(3) 5,020. 0. SOCIAL S PARTNERS IN HOPE, INC. 180 EAST RACE STREET 10,000. 0. SOCIAL S PARTNERS IN HOPE, INC. 100 EAST RACE STREET SOCIAL S SOCIAL S PARTNERS IN HOPE, INC. 100 EAST RACE STREET SOCIAL S SOCIAL S PARTNERS IN HOPE, INC. 100 EAST RACE STREET SOCIAL S SOCIAL S PARTNERS IN HOPE, INC. 100 EAST RACE STREET SOCIAL S SOCIAL S PROY, OH 45373-3567 31-1305869 SO1(C)(3) 10,000. 0. SOCIAL S PINK RIBBON GOOD 32-0020270 SO1(C)(3) 1,000,000. 0. HEALTH & SCHOUDATION - 216 W FRANKLIN STREET 385,189. 0. BRANTMAR WEUBLOGICALD DEVELOPENTRY NOLDAS		DAD ROAD	ANIMAL RELATED (WILDLIF
201 EAST WATER STREET 31-1337433 501(C)(3) 65,000 0. ARTS, CU PARTNERS IN HOPE, INC. 11-1305869 501(C)(3) 5,020. 0. SOCIAL S PARTNERS IN HOPE, INC. 11-1305869 501(C)(3) 5,020. 0. SOCIAL S PARTNERS IN HOPE, INC. 11-1305869 501(C)(3) 5,020. 0. SOCIAL S PARTNERS IN HOPE, INC. 11-1305869 501(C)(3) 10,000. 0. SOCIAL S PARTNERS IN HOPE, INC. 11-1305869 501(C)(3) 10,000. 0. SOCIAL S PARTNERS IN HOPE, INC. 11-1305869 501(C)(3) 10,000. 0. SOCIAL S PARTNERS IN HOPE, INC. 11-1305869 501(C)(3) 10,000. 0. SOCIAL S PARTNERS IN HOPE, INC. 11-1305869 501(C)(3) 10,000. 0. SOCIAL S PARTNERS IN HOPE, INC. 11-1305869 501(C)(3) 10,000. 0. SOCIAL S PARTNERS IN HOPE, INC. 11-1305869 501(C)(3) 10,000. 0. SOCIAL S	.2332 501(C)(3) 20,000. 0.	DH 45371 83-2712332 501(C)(3)	PROTECTION/PRESERVATION
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180 EAST RACE STREET TROY, OH 45373-356731-1305869501(C)(3)10,000.0.social sPARTNERS IN HOPE, INC. 180 EAST RACE STREET TROY, OH 45373-356731-1305869501(C)(3)30,000.0.social sPINK RIBBON GOOD 350 HULS DRIVE CLAYTON, OH 4531532-0020270501(C)(3)1,000,000.0.social sPRIORITY NEEDS FUND OF THE TROY FOUNDATION - 216 W FRANKLIN STREET - TROY, OH 4537332-0020270501(C)(3)1,000,000.0.HEALTH &PRIORITY NEEDS FUND OF THE TROY FOUNDATION - 216 W FRANKLIN STREET - TROY, OH 45373385,189.0.PHILANTH VOLUNTAR SRANTMAKREHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOOL - 1306 GARBRY ROAD - PIQUA, OR 45356-821923-7202001501(C)(3)16,888.0.HEALTH &RICHARDS CHAPEL UNITED METHODISTImage: state of the state of		HODE INC	
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180 EAST RACE STREET TROY, OH 45373-356731-1305869501(C)(3)30,000.0.social sPINK RIBBON GOOD 350 HULS DRIVE CLAYTON, OH 4531532-0020270501(C)(3)1,000,000.0.HEALTH &PRIORITY NEEDS FUND OF THE TROY FOUNDATION - 216 W FRANKLIN STREET - TROY, OH 4537332-0020270501(C)(3)1,000,000.0.HEALTH &PRIORITY NEEDS FUND OF THE TROY FOUNDATION - 216 W FRANKLIN STREET - TROY, OH 45373385,189.0.PHILANTH VOLUNTAR GRANTMAKREHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOOL - 1306 GARBRY ROAD - PIQUA, OH 45356-821923-7202001501(C)(3)16,888.0.HEALTH &		575-5567 51-1505869 501(C)(5)	SOCIAL SERVICES
180 EAST RACE STREET TROY, OH 45373-356731-1305869501(C)(3)30,000.0.SOCIAL SPINK RIBBON GOOD 350 HULS DRIVE CLAYTON, OH 4531532-0020270501(C)(3)1,000,000.0.HEALTH &PRIORITY NEEDS FUND OF THE TROY FOUNDATION - 216 W FRANKLIN STREET - TROY, OH 4537332-0020270501(C)(3)1,000,000.0.HEALTH &PRIORITY NEEDS FUND OF THE TROY FOUNDATION - 216 W FRANKLIN STREET - TROY, OH 45373385,189.0.PHILANTH VOLUNTAR GRANTMAKREHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOOL - 1306 GARBRY ROAD - PIQUA, OH 45356-821923-7202001501(C)(3)16,888.0.HEALTH &RICHARDS CHAPEL UNITED METHODIST23-7202001501(C)(3)16,888.0.HEALTH &		HOPE, INC.	
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PINK RIBBON GOOD 350 HULS DRIVE CLAYTON, OH 45315 32-0020270 501(C)(3) 1,000,000. 0. HEALTH & PRIORITY NEEDS FUND OF THE TROY FOUNDATION - 216 W FRANKLIN STREET - TROY, OH 45373 385,189. 0. GRANTMAK REHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOOL - 1306 GARBRY ROAD - PIQUA, DH 45356-8219 23-7202001 501(C)(3) 16,888. 0. HEALTH &	J5869 501(C)(3) 30,000. 0.		SOCIAL SERVICES
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CLAYTON, OH 45315 32-0020270 501(C)(3) 1,000,000. 0. HEALTH & PHILANTH PHILANTH PHILANTH VOLUNTAR PRIORITY NEEDS FUND OF THE TROY FOUNDATION - 216 W FRANKLIN STREET - TROY, OH 45373 385,189. 0. GRANTMAK REHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOOL - 1306 GARBRY ROAD - PIQUA, 23-7202001 501(C)(3) 16,888. 0. HEALTH & HEALTH		GOOD	
PRIORITY NEEDS FUND OF THE TROY POUNDATION - 216 W FRANKLIN STREET - TROY, OH 45373 REHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOOL - 1306 GARBRY ROAD - PIQUA, DH 45356-8219 RICHARDS CHAPEL UNITED METHODIST		IVE	
FOUNDATION - 216 W FRANKLIN STREET - TROY, OH 45373 0. VOLUNTAR REHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOOL - 1306 GARBRY ROAD - PIQUA, DH 45356-8219 23-7202001 501(C)(3) 16,888. 0. HEALTH & RICHARDS CHAPEL UNITED METHODIST	20270 501(C)(3) 1,000,000. 0.	45315 32-0020270 501(C)(3)	HEALTH & HUMAN SERVICES
FOUNDATION - 216 W FRANKLIN STREET - TROY, OH 45373 0. VOLUNTAR REHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOOL - 1306 GARBRY ROAD - PIQUA, DH 45356-8219 23-7202001 501(C)(3) 16,888. 0. HEALTH & RICHARDS CHAPEL UNITED METHODIST			
- TROY, OH 45373 C. GRANTMAK REHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOOL - 1306 GARBRY ROAD - PIQUA, DH 45356-8219 23-7202001 501(C)(3) 16,888. 0. HEALTH & RICHARDS CHAPEL UNITED METHODIST			PHILANTHROPY,
REHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOOL - 1306 GARBRY ROAD - PIQUA, DH 45356-8219 23-7202001 501(C)(3) 16,888. 0. HEALTH & RICHARDS CHAPEL UNITED METHODIST		- 216 W FRANKLIN STREET	VOLUNTARISM, AND
RECHARDS CHAPEL UNITED METHODIST	385,189. 0.	45373	GRANTMAKING
SCHOOL - 1306 GARBRY ROAD - PIQUA, DH 45356-8219 23-7202001 501(C)(3) 16,888. 0. HEALTH & RICHARDS CHAPEL UNITED METHODIST Image: Comparison of the second sec		ION CENTER FOR	
DH 45356-8219 23-7202001 501(C)(3) 16,888. 0. HEALTH & RICHARDS CHAPEL UNITED METHODIST HEALTH &		L DEVELOPMENT/NICHOLAS	
RICHARDS CHAPEL UNITED METHODIST		06 GARBRY ROAD - PIQUA,	
	J2001 501(C)(3) 16,888. 0.	19 23-7202001 501(C)(3)	HEALTH & HUMAN SERVICES
		APEL UNITED METHODIST	
H 45373 31-1107067 501(C)(3) 9,000, 0, HEALTH	17067 501(C)(3) 9 000 0	,	неатлен

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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
RICHARDS CHAPEL UNITED METHODIST							
CHURCH - 831 MCKAIG AVENUE - TROY,							RELIGIOUS/SPIRITUAL
OH 45373	31-1107067	501(C)(3)	107,877.	0.			DEVELOPMENT
			,				
ROBINSON FUND							
216 W FRANKLIN STREET							
TROY, OH 45373			29,589.	0.			COMMUNITY IMPROVEMENT
ROBINSON RESERVE AT DUKE PARK							
216 W FRANKLIN STREET							
TROY, OH 45373			30,000.	0.			RECREATIONAL
ROBINSON RESERVE AT DUKE PARK							
216 W FRANKLIN STREET							
			30,000.	0.			RECREATIONAL
ткоу, он 45373			50,000.	0.			RECREATIONAL
RONALD MCDONALD HOUSE CHARITIES							
DAYTON - 555 VALLEY STREET -							
DAYTON, OH 45404	31-0964793	501(C)(3)	25,000.	0.			HEALTH & HUMAN SERVICES
			,				
RT INDUSTRIES							
110 FOSS WAY							
TROY, OH 45373	31-0855035	501(C)(3)	7,387.	0.			HUMAN SERVICES
RT INDUSTRIES							
110 FOSS WAY				_			
TROY, OH 45373	31-0855035	501(C)(3)	18,613.	0.			HUMAN SERVICES
SALVATION ARMY - PIQUA							
PO BOX 615							
PIQUA, OH 45356	58-0660607	501(C)(3)	9,195.	0.			SOCIAL SERVICES
			5,155.				
SOUTHBROOK CHRISTIAN CHURCH							
9095 WASHINGTON CHURCH ROAD							RELIGIOUS/SPIRITUAL
MIAMISBURG,, OH 45342	31-1170733	501(C)(3)	6,000.	0.			DEVELOPMENT

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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
ST. PATRICK CATHOLIC CHURCH							
409 EAST MAIN STREET							RELIGIOUS/SPIRITUAL
ткоу, он 45373	31-0604619	501(C)(3)	5,500.	0.			DEVELOPMENT
ST. PATRICK CATHOLIC CHURCH							
409 EAST MAIN STREET							RELIGIOUS/SPIRITUAL
TROY, OH 45373	31-0604619	501(C)(3)	6,000.	0.			DEVELOPMENT
ST. PATRICK CATHOLIC CHURCH							
409 EAST MAIN STREET							RELIGIOUS/SPIRITUAL
ткоу, он 45373	31-0604619	501(C)(3)	10,000.	0.			DEVELOPMENT
,			, -				
ST. PATRICK CATHOLIC SCHOOL							
420 EAST WATER STREET							
ткоу, он 45373	31-0604619	501(C)(3)	6,000.	0.			EDUCATION
ST. PATRICK CATHOLIC SCHOOL							
420 EAST WATER STREET			c				
TROY, OH 45373	31-0604619	501(C)(3)	6,000.	0.			EDUCATION
ST. PATRICK CATHOLIC SCHOOL							
420 EAST WATER STREET							
ткоу, он 45373	31-0604619	501(C)(3)	10,000.	0.			EDUCATION
,			,				
ST. PATRICK CATHOLIC SCHOOL							
420 EAST WATER STREET							MENTAL HEALTH, CRISIS
ткоу, он 45373	31-0604619	501(C)(3)	22,200.	0.			INTERVENTION
ST. PATRICK SOUP KITCHEN							
25 NORTH MULBERRY STREET	20 0201714	= 01(C)(2)	10 000	0.			COCTAL CEDULCEC
TROY, OH 45373	30-0391714	501(C)(3)	10,000.	0.			SOCIAL SERVICES
ST. PATRICK SOUP KITCHEN							
25 NORTH MULBERRY STREET							FOOD SERVICE, FREE FOO
TROY, OH 45373	30-0391714	501(C)(3)	20,000.	0.			DISTRIBUTION PROGRAM

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Part II Continuation of Grants and Other	r Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
STADIUM AND TURF ENHANCEMENT							
PROJECT (STEP) - 216 W FRANKLIN							COMMUNITY AND ECONOMIC
STREET - TROY, OH 45373			31,250.	0.			DEVELOPMENT
			51,250.				
STADIUM AND TURF ENHANCEMENT							
PROJECT (STEP) - 216 W FRANKLIN							COMMUNITY AND ECONOMIC
STREET - TROY, OH 45373			31,250.	٥.			DEVELOPMENT
,			,				
STADIUM AND TURF ENHANCEMENT							
PROJECT (STEP) - 216 W FRANKLIN							COMMUNITY AND ECONOMIC
STREET - TROY, OH 45373			31,250.	0.			DEVELOPMENT
i							
TAYLOR UNIVERSITY							
BURSAR'S OFFICE							
UPLAND, IN 46989	35-0868181	501(C)(3)	10,000.	٥.			GENERAL SUPPORT
TAYLOR UNIVERSITY							
BURSAR'S OFFICE							
UPLAND, IN 46989	35-0868181	501(C)(3)	10,000.	٥.			GENERAL SUPPORT
TCN BEHAVIORAL HEALTH							
452 W MARKET ST.							
XENIA, OH 45385	31-1305635	501(C)(3)	20,000.	٥.			HUMAN SERVICES
TCN BEHAVIORAL HEALTH							
452 W MARKET ST.							
XENIA, OH 45385	31-1305635	501(C)(3)	20,000.	0.			HUMAN SERVICES
TCN BEHAVIORAL HEALTH							
452 W MARKET ST.							MENTAL HEALTH, CRISIS
XENIA, OH 45385	31-1305635	501(C)(3)	40,000.	0.			INTERVENTION
THE EDISON FOUNDATION							
EDISON STATE COMMUNITY COLLEGE							PUBLIC SAFETY, DISASTER
PIQUA, OH 45356	31-1379781	501(C)(3)	13,000.	0.			PREPAREDNESS AND RELIEF

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Part II Continuation of Grants and Other	r Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
THE FUTURE BEGINS TODAY							
PO BOX 511							
TROY, OH 45373	31-1655688	501(C)(3)	11,000.	0.			EDUCATION
THE FUTURE BEGINS TODAY							
PO BOX 511							
TROY, OH 45373	31-1655688	501(C)(3)	12,000.	0.			EDUCATION
THE NATURE CONSERVANCY							
P.O. BOX 1562							
MERRIFIELD, VA 22116-9594	53-0242652	501(C)(3)	16,723.	0.			ENVIRONMENT
THE NATURE CONSERVANCY, OHIO							
CHAPTER - 6375 RIVERSIDE DRIVE -							
DUBLIN, OH 43017	53-0242652	501(C)(3)	11,203.	٥.			GENERAL SUPPORT
	55 0242052	501(0)(3)	11,203.				
THE OHIO STATE UNIVERSITY							
EXTERNAL SCHOLARSHIPS							
COLUMBUS, OH 43218-3248	31-6025986	501(C)(3)	5,614.	٥.			EDUCATION
THE OHIO STATE UNIVERSITY							
EXTERNAL SCHOLARSHIPS	31-6025986	501(C)(3)	6,500.	0.			EDUCATION
COLUMBUS, OH 43218-3248	31-0025980	501(C)(3)	0,500.	· ·			EDUCATION
THE OHIO STATE UNIVERSITY							
EXTERNAL SCHOLARSHIPS							
COLUMBUS, OH 43218-3248	31-6025986	501(C)(3)	10,000.	0.			EDUCATION
,			, , ,				
THE OHIO STATE UNIVERSITY							
EXTERNAL SCHOLARSHIPS							
COLUMBUS, OH 43218-3248	31-6025986	501(C)(3)	10,000.	٥.			EDUCATION
THE OHIO STATE UNIVERSITY							
EXTERNAL SCHOLARSHIPS							
COLUMBUS, OH 43218-3248	31-6025986	501(C)(3)	10,000.	0.			EDUCATION

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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							
EXTERNAL SCHOLARSHIPS							
COLUMBUS, OH 43218-3248	31-6025986	501(C)(3)	10,000.	0.			EDUCATION
THE OHIO STATE UNIVERSITY							
EXTERNAL SCHOLARSHIPS							
COLUMBUS, OH 43218-3248	31-6025986	501(C)(3)	10,000.	0.			EDUCATION
THE OHIO STATE UNIVERSITY							
FOUNDATION - 1480 W. LANE AVENUE -							
COLUMBUS, OH 43271-0811	31-1145986	501(C)(3)	10,000.	0.			EDUCATION
THE OVERFIELD SCHOOL							
172 SOUTH RIDGE AVENUE							
TROY, OH 45373	31-1088546	501(C)(3)	8,750.	Ο.			EDUCATION
THE OVERFIELD SCHOOL							
172 SOUTH RIDGE AVENUE							
ткоу, он 45373	31-1088546	501(C)(3)	8,750.	0.			GENERAL SUPPORT
THE OVERFIELD SCHOOL							
172 SOUTH RIDGE AVENUE							
ткоу, он 45373	31-1088546	501(C)(3)	8,750.	Ο.			EDUCATION
			, , , ,				
THE OVERFIELD SCHOOL							
172 SOUTH RIDGE AVENUE							
ткоу, он 45373	31-1088546	501(C)(3)	8,750.	0.			GENERAL SUPPORT
THE OVERFIELD SCHOOL							
172 SOUTH RIDGE AVENUE							
TROY, OH 45373	31-1088546	501(C)(3)	50,000.	0.			EDUCATION
THE SINCLAIR COMMUNITY COLLEGE							
FOUNDATION - 444 W. THIRD ST							
DAYTON, OH 45402-1460	23-7032312	501(C)(3)	10,000.	Ο.			EDUCATION

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
TIPP CITY PUBLIC LIBRARY							
11 EAST MAIN STREET							
TIPP CITY, OH 45371	31-6000554	501(C)(3)	16,693.	0.			EDUCATION
TIPP PRIDE ASSOCIATION							
PO BOX 261							
TIPP CITY, OH 45371	81-4416439	501(C)(3)	7,500.	0.			EDUCATION
TROY BASKETBALL PARENTS							
ASSOCIATION - PO BOX 301 - TROY,							
ОН 45373	31-1799228		5,060.	0.			HUMAN SERVICES
TRANSPORT							
TROY COMMUNITY FM - POWER 107.1 WTJN - 315 SOUTH PUBLIC SQUARE -							
TROY, OH 45373	35-2484745	501(C)(3)	35,000.	0.			OTHER
1101, 01 100,0		501(0)(5)		.			
TROY DEVELOPMENT COUNCIL							
405 SOUTHWEST PUBLIC SQUARE							
TROY, ОН 45373	31-1736034	501(C)(3)	11,321.	0.			EDUCATION
TROY DOLLARS FOR COLLEGE FUND							
216 W FRANKLIN STREET							
TROY, OH 45373	31-6018703		20,000.	0.			EDUCATION
TRANS TOOTRALL DIPRIME ISCOUTING							
TROY FOOTBALL PARENTS ASSOCIATION PO BOX 793							
TROY, OH 45373	31-1086575	501(C)(3)	6,232.	0.			RECREATIONAL
			0,252.				
TROY JUNIOR FOOTBALL							
PO BOX 707							COMMUNITY AND ECONOMIC
IROY, OH 45373	31-1506205	501(C)(3)	10,000.	0.			DEVELOPMENT
TROY MAIN STREET, INC.							
405 SOUTHWEST PUBLIC SQUARE							ARTS, CULTURE AND
TROY, OH 45373	31-1301818	501(C)(3)	37,500.	0.			HUMANITIES

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Part II Continuation of Grants and Other	Assistance to Do		and Domestic Go	vernments (Sche	edule I (Form 990), Pa		51-0010703 Page
(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 NURSING ASSOCIATION AND TROY MILK FUND, INC PO BOX 28 -	31-0536713	501(C)(3)	7,589.	0.			HEALDH & HIMAN CEDUTCES
PLEASANT HILL, OH 45359 TROY RECREATION ASSOCIATION 11 NORTH MARKET STREET							HEALTH & HUMAN SERVICES
ткоу, он 45373	31-0579679	501(C)(3)	40,063.	0.			HUMAN SERVICES
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	6,178.	0.			STHROY-HAYNER CULTURAL CENL SOYH-HES
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	13,000.	0.			ARTS & CULTURE
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 WEST MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	6,178.	0.			STMIAMI COUNTY PUBLICL SOYC-MES
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 WEST MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	11,254.	0.			EDUCATION
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 WEST MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	11,254.	0.			EDUCATION
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 WEST MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	16,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 WEST MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	16,694.	0.			STMIAMI COUNTY PUBLICSE OF BOOKS AND MAGAZINES FOR SOYC-MES

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(a) Nome and address of						(m) Description of	(h) Dumpered of surget
(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
UCS SPIRIT							
511 HOFFMAN ROAD							
LINCOLNTON, NC 28092			8,144.	0.			ADMINISTRATIVE EXPENSE
UNITED WAY OF MIAMI COUNTY							PHILANTHROPY,
116 WEST FRANKLIN STREET							VOLUNTARISM, AND
TROY, OH 45373	31-0619209	501(C)(3)	5,733.	0.			GRANTMAKING
UNITED WAY OF MIAMI COUNTY							
116 WEST FRANKLIN STREET							
ткоу, он 45373	31-0619209	501(C)(3)	30,000.	0.			SOCIAL SERVICES
UNIVERSITY OF CINCINNATI							
PO BOX 210140							
	31-6000989	501(C)(3)	10,000.	0.			EDUCATION
CINCINNATI, OH 45221	51 0000505	501(0)(3)	10,000.	0.			EDUCATION
UNIVERSITY OF CINCINNATI							
PO BOX 210140							
CINCINNATI, OH 45221	31-6000989	501(C)(3)	10,000.	0.			EDUCATION
,,			,				
UNIVERSITY OF CINCINNATI							
PO BOX 210140							
CINCINNATI, OH 45221	31-6000989	501(C)(3)	10,000.	0.			EDUCATION
UNIVERSITY OF DAYTON							
300 COLLEGE PARK							
	31-0536715	501(C)(3)	10 000	0.			EDUCATION
DAYTON, OH 45469	51-0330/12		10,000.	0.			BUCKITON
UNIVERSITY OF DAYTON							
300 COLLEGE PARK							
DAYTON, OH 45469	31-0536715	501(C)(3)	10,000.	0.			EDUCATION
UNIVERSITY OF DAYTON							
300 COLLEGE PARK							
DAYTON, OH 45469	31-0536715	501(C)(3)	10,000.	0.			EDUCATION

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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	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			5	assistance	(book, FMV, appraisal, other)		
JNIVERSITY OF DAYTON							
OFFICE OF STUDENT ACCOUNTS							
DAYTON, OH 45469-1600		501(C)(3)	10,000.	0.			EDUCATION
UNIVERSITY OF DAYTON							
OFFICE OF STUDENT ACCOUNTS							
DAYTON, OH 45469-1600		501(C)(3)	10,000.	0.			EDUCATION
UNIVERSITY OF DAYTON							
OFFICE OF STUDENT ACCOUNTS							
DAYTON, OH 45469-1600		501(C)(3)	22,000.	٥.			EDUCATION
UNIVERSITY OF NEW MEXICO							
FOUNDATION - TWO WOODWARD CENTER -							
ALBUQUERQUE, NM 87102	85-0275408	501(C)(3)	12,500.	0.			EDUCATION
UNIVERSITY OF NOTRE DAME							
DEPARTMENT OF DEVELOPMENT							
NOTRE DAME, IN 46556	35-0868188	501(C)(3)	5,100.	0.			EDUCATION
UNIVERSITY OF SAN DIEGO							
CASHIER'S OFFICE							
SAN DIEGO, CA 92110		501(C)(3)	10,000.	0.			EDUCATION
UNIVERSITY OF SOUTH CAROLINA							
1714 COLLEGE STREET							
COLUMBIA, SC 29208		501(C)(3)	10,000.	0.			EDUCATION
UPPER VALLEY MEDICAL CENTER							
3130 NORTH COUNTY ROAD 25A							
	31-0537095	501(C)(3)	5,040.	0.			GENERAL SUPPORT
TROY, OH 45373	31-032/032	501(C)(3)	5,040.	0.			GENERAL SUPPORT
JPPER VALLEY MEDICAL CENTER							
3130 NORTH COUNTY ROAD 25A							
IROY, OH 45373	31-0537095	501(C)(3)	5,724.	0.		1	HEALTH & HUMAN SERVICE

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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
UVMC FOUNDATION							
3130 NORTH COUNTY ROAD 25A							
TROY, OH 45373	31-1581859	501(C)(3)	6,395.	0.			HEALTH
UVMC FOUNDATION							
3130 NORTH COUNTY ROAD 25A							
ткоу, он 45373	31-1581859	501(C)(3)	136,593.	0.			HEALTH
VICTORY PROJECT							
409 TROY STREET	26.2242266	F01 (g) (2)	10.000	0			
DAYTON, OH 45404	26-2243366	501(C)(3)	10,000.	0.			SOCIAL SERVICES
WACO HISTORICAL SOCIETY							
1865 SOUTH COUNTY ROAD 25A							
TROY, OH 45373	31-0969657	501(C)(3)	10,000.	0.			EDUCATION
			, ,				
WE LOVE BIRTHDAY PARTIES							
1597 NORTH ROAD							
TROY, OH 45373	84-1978157	501(C)(3)	6,034.	0.			OTHER
WE LOVE BIRTHDAY PARTIES							
1597 NORTH ROAD	04 1050155	501 (2) (2)	11.050				
TROY, OH 45373	84-1978157	501(C)(3)	11,950.	0.			YOUTH DEVELOPMENT
WE LOVE BIRTHDAY PARTIES							
1597 NORTH ROAD							
TROY, OH 45373	84-1978157	501(C)(3)	15,000.	0.			SOCIAL SERVICES
WEST OHIO CONFERENCE OF THE UNITED							
METHODIST CHURCH - 32 WESLEY							RELIGIOUS/SPIRITUAL
BOULEVARD - WORTHINGTON, OH 43085	31-4420544	501(C)(3)	107,877.	0.			DEVELOPMENT
WESTSIDE NEIGHBORHOOD SCHOOL							
5401 BEETHOVEN STREET		F01 (0) (2)	15 000	<u>^</u>			
LOS ANGELES, CA 90066	95-3551091	DOT(C)(3)	15,000.	0.			EDUCATION

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(a) Name and address of organization or government			(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		
WITTENBERG UNIVERSITY									
OFFICE OF FINANCIAL AID									
SPRINGFIELD, OH 45501	31-0537177	501(C)(3)	10,000.	0.			GENERAL SUPPORT		
WITTENBERG UNIVERSITY									
OFFICE OF FINANCIAL AID									
SPRINGFIELD, OH 45501	31-0537177	501(C)(3)	10,000.	0.			GENERAL SUPPORT		
WITTENBERG UNIVERSITY									
OFFICE OF FINANCIAL AID									
SPRINGFIELD, OH 45501	31-0537177	501(C)(3)	10,000.	0.			GENERAL SUPPORT		
WRIGHT STATE UNIVERSITY									
OFFICE OF THE BURSAR 055 STUDENT UN									
DAYTON, OH 45435	31-0732831	501(C)(3)	10,000.	0.			EDUCATION		
WRIGHT STATE UNIVERSITY									
OFFICE OF THE BURSAR 055 STUDENT UN									
DAYTON, OH 45435	31-0732831	501(C)(3)	10,000.	0.			EDUCATION		
WRIGHT STATE UNIVERSITY									
OFFICE OF THE BURSAR 055 STUDENT UN									
DAYTON, OH 45435		501(C)(3)	10,000.	0.			EDUCATION		
WRIGHT STATE UNIVERSITY FOUNDATION									
3640 COLONEL GLEN HIGHWAY									
DAYTON, OH 45435	23-7019799	501(C)(3)	10,000.	0.			EDUCATION		

Part III can be duplicated if additional space is ne			1	Ι	F		
(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)	n (f) Description of noncash assistence)		
DMINISTRATIVE EXPENSE	13	36,615.	0.				
CHOLARSHIP	379	908,041.	0.				
OURNALISM	1	200.	0.				
Part IV Supplemental Information. Provide the informat	ion required in Part I, line	e 2; Part III, column	(b); and any other ac	dditional information.			
PART I, LINE 2:							
THE FOUNDATION REQUIRES GRANTEE	S TO PROVIDE	A NARRATI	VE TO BE C	OMPLETED			
AFTER NINETY DAYS OF THE RECEIP	T OF GRANT F	UNDING. 1	HE NARRATI	VE PROVIDES			
NFORMATION PERTAINING TO THE U			OUTDEC AN				

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.

DocuSign Envelope ID: 6FEDF524-1BBB-4FBA-9238-35193E1411BF

SCHEDULE J	Compensation Information		OMB No. 1	1545-004	47		
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	-		
Department of the Treasury	Attach to Form 990.			Open to Public			
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		-	Inspection entification number			
Name of the organizat					mber		
Part I Questio	THE TROY FOUNDATION ns Regarding Compensation	31-0	01870	3			
				Vee			
to Chack the approx	priate box(es) if the organization provided any of the following to or for a person listed on Form	000		Yes	No		
	A, line 1a. Complete Part III to provide any relevant information regarding these items.	990,					
	charter travel Housing allowance or residence for perso						
Travel for co							
	fication and gross-up payments Health or social club dues or initiation fee						
	/ spending account Personal services (such as maid, chauffer						
b If any of the boxe	s 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						
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
•	stees, 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	6					
CEO/Executive D	rector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to					
establish comper	sation of the CEO/Executive Director, but explain in Part III.						
X Compensati	on committee Written employment contract						
Independen	compensation consultant I Compensation survey or study						
Form 990 of	other organizations I Approval by the board or compensation of	committee					
4 During the year, o	lid any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
organization or a	related organization:				x		
a Receive a severa	eceive a severance payment or change-of-control payment?						
•	Participate in or receive payment from a supplemental nonqualified retirement plan?						
	Participate in or receive payment from an equity-based compensation arrangement?						
If "Yes" to any of	lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
•	(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
-	I on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
•	on the revenues of:						
	nization?						
	ization? u or 5b, describe in Part III.		<u>5</u> b		X		
	l or 50, describe in Part III. I on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
contingent on the							
			6a		x		
	ization?			X			
	i or 6b, describe in Part III.						
	I on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	\$					
-	lines 5 and 6? If "Yes," describe in Part III		7		x		
	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
			8		X		
	did the organization also follow the rebuttable presumption procedure described in						
	on 53.4958-6(c)?		9				
	Reduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990) 2022		
-							

232111 10-18-22

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.

31-6018703

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MELISSA KLEPTZ	(i)	119,635.	0.	0.	3,962.	40,932.	164,529.	0
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(ii)							
	(i)			L				
	(ii)							

Schedule J (Form 990) 2022

Page 2

Schedule J (Form 990) 2022	THE TROY	FOUNDATION	
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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.

SCHEDULE L	l	Tra	Insaction	ıs V	Vith	Inte	erested	Ρ	ersons			0	MB No.	1545-00	47	
(Form 990)	Complete if t	he org	28b, or 28c, o	or For	m 990	-EZ, P	art V, line 38a		ne 25a, 25b, 26 40b.	, 27, 2	8a,			02		
Department of the Treasury Internal Revenue Service	Go	to ww	Attac w.irs.gov/Form/				Form 990-EZ.	est	information.				pen T spect		lic	
Name of the organization										Employer identification num						
C C		OY	FOUNDATI	ON								187				
Part I Excess E	Benefit Trans	acti	ons (section 50	D1(c)(3), sect	ion 50 [.]	1(c)(4), and se	ctior	n 501(c)(29) orga	nizatio	ons on	ly).				
Complete it	f the organizatio	n ansv	vered "Yes" on F	Form 9	90, Pa	art IV, I	ine 25a or 25b	, or	Form 990-EZ, Pa	art V, I	ine 40	b.				
1 (a) Name of disquali	ified person	(b) F	Relationship betw			ified	(c) Description of transaction							cted?		
(-,			person and or	ganiza	ation			,				Yes		No		
													_	_		
													-			
2 Enter the amount o	f tax incurred by	the o	rganization man	agers	or disc	qualifie	d persons dur	ing t	he year under							
3 Enter the amount o	f tax, if any, on li	ne 2, a	above, reimburs	ed by	the or	ganizat	ion				\$					
Part II Loans to	and/or From	n Int	erested Pers	sons												
	f the organization					Dart \	/ line 38a or F	orm	000 Part IV lin	o 26. (or if th	o oraa	nizatio	'n		
	n amount on For					, 1 ait i		UIII	1990, 1 art IV, iii	e 20, (51 11 111	e orga	inzatic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(a) Name of	(b) Relatio		(c) Purpose	(d) Lo	an to or	(e) Original	(f) Balance due	(g) In		(i) Writte			
interested person	with organ		of loan		n the zation?	princ	ipal amount	`		defa	ault?	by board or committee?		agree	ment?	
				То	From					Yes	No	o Yes No		Yes No		
															<u> </u>	
															<u> </u>	
															<u> </u>	
															<u> </u>	
															<u> </u>	
otal	I		ı				\$				1				1	
Part III Grants o	or Assistance	Ben	efiting Inter	ested	d Per	sons	•									
Complete it	f the organizatio	n ansv	vered "Yes" on F	Form 9	90, Pa	art IV, I	ine 27.									
(a) Name of intere	sted person		(b) Relationship interested pers	son an		(c) Amount of assistance		(d) Type assistan) Purp assista		f		
			the organiza	ation												
		_														
		_														
		_														
		1														
HA For Paperwork R	eduction Act No	otice,	see the Instruct	tions f	or For	m 990	or 990-EZ.				Sche	dule L	. (Forr	n 990) 2022	

232131 11-01-22

	ROY FOU	-				31-6018	703	Page 2
Part IV Business Transactions Invo	lving Intere	sted Per	sons.					
Complete if the organization answer	ed "Yes" on Fo	rm 990, Pa	rt IV, line 2	8a, 2	8b, or 28c.			
(a) Name of interested person		(b) Relationship between interested person and the organization (c) Amount of transaction			(d) Description of transaction	organiz	aring of zation's nues?	
							Yes	No
TURNSTONE FINANCIAL LLC	ENTITY	MORE	THAN	35	65,540.	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 L (Form 990) 2022

232132 11-01-22

71 2022.05000 THE TROY FOUNDATION

OMB No. 1545-0047

Open to Public

. Inspection

20

Employer identification number

31-6018703

22

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.

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

Name of the	organization
-------------	--------------

THE TROY FOUNDATION

Pa	rti Iy	pes of Property									
			(a)	(b)	(c)			(d)			
			Check if	Number of contributions or	Noncash contri amounts report			od of deter	•		
			applicable		Form 990, Part VI		noncasn	contributio	n amou	ints	
1	Art - Works	s of art									
2		rical treasures									
3		onal interests									
4		l publications									
5		nd household goods									
6		other vehicles									
7		planes									
8	Intellectua										
			x	40	1 959	988	FMV AT	TRANCE	קקי		
9		- Publicly traded		40	1,959	, 900.	PMV AI	TUANDI	ER		
10		- Closely held stock									
11		- Partnership, LLC, or									
		ests									
12		- Miscellaneous									
13		onservation contribution -									
	Historic st										
14	Qualified o	conservation contribution - Other $_{\dots}$									
15	Real estate - Residential										
16		e - Commercial									
17	Real estate - Other										
18	Collectibles										
19	Food inventory										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24		ical artifacts									
25	Other	()									
26	Other	()									
27	Other	()									
28	Other	()									
29	Number of	Forms 8283 received by the organiz	zation durino	, the tax year for co	ontributions						
	for which the organization completed Form 8283, Part V, Donee Acknowledgement 29								0		
		.		C C		•			Ye	es	No
30a	Durina the	year, did the organization receive by	/ contributio	n anv propertv rep	orted in Part I. line	s 1 throug	h 28. that it				
		for at least 3 years from the date of									
		rposes for the entire holding period?		•				30	Da		х
h		escribe the arrangement in Part II.	·								
31								3	1 X		
								⊢³		-+	
52 d	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?							0	2a X		
L											
		escribe in Part II.	olumn (a) f-	a tupo of analytic	for which column	(a) ia	lad				
33											
	describe in		H I				<u> </u>				
LHA	For Pap	erwork Reduction Act Notice, see	the instruct	tions for Form 990	J.		Sch	edule M (F	orm 9	90)2	2022

Schedule M (Form 990) 2022

232141 09-09-22

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 M (Form 990) 2022

232142 09-09-22

73 2022.05000 THE TROY FOUNDATION

OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ (Form 990) 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. Open to Public Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization THE TROY FOUNDATION 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, 2022 ARE NOT ISSUED AS OF THE DUE DATE OF THIS FORM 990.

THE ORGANIZATION EXPECTS ITS 2022 FINANCIAL STATEMENTS WILL BE ISSUED

NOT LATER THAN DECEMBER 31, 2023.

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) 2022

 232211
 10-28-22
 Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
THE TROY FOUNDATION	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:

MISC ADJUSTMENTS

6,807.

FORM 990, PART XII, LINE 2C:

THE PROCESS BY WHICH THE ORGANIZATION SELECTS AN INDEPENDENT ACCOUNTANT

TO CONDUCT ITS AUDIT HAS NOT CHANGED SINCE THE PRIOR YEAR.

232212 10-28-22

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.									
Name of the organizati	THE TROY FOUND.	ATION e if the organization answered "Yes" or	n Form 990, Part IV, line 33.			Employer identification number $31-6018703$				
,	(a) ress, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year ass	(f) Direct controlling entity				

(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	(f) Direct controlling entity		9) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
TF LAND, INC 26-1645416	TO HOLD THE LAND AND						
216 W. FRANKLIN STREET	BUILDING WHICH HOUSE THE						
TROY, OH 45373	TROY FOUNDATION	оніо	501(C)(3)	LINE 12B, II	N/A		Х

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 THE TROY FOUNDATION

31-6018703 Page 2

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.

organizatione treated as a pa	organizations treated as a partnership during the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box		iging her?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
											\rightarrow	
											-	
	1											

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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Share of total Share of		(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
								<u> </u>	<u> </u>
								<u> </u>	<u> </u>
								<u> </u>	<u> </u>

Schedule R (Form 990) 2022 THE TROY FOUNDATION

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х

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

Schedule R (Form 990) 2022 THE TROY FOUNDATION

31-6018703 Page 4

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)						
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs	ali s sec.)(3)	Share of total	Share of end-of-year	Dispr tion	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managin	Percentage						
		country)	excluded from tax under sections 512-514)	orgs Yes	.? No	income			tions?	of Schedule K-1 (Form 1065)	Yes No							
												1						
					_													
												+						
					_							+						

Schedule R (Form 990) 2022

Schedule R	(Form 990) 2022	THE TROY F	OUNDATION		31-6018703	Page 5
Part VII		ormation				
	Provide additional inform	mation for responses to	questions on Schedule R. See in	nstructions.		
·						
232165 09-14-2	22				Schedule R (Form 9	90) 2022
_02,00 00-14-2			80			

Form 990-T	r	Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047
		(and proxy tax under section 6033(e))		ეიეე
	Fo	or calendar year 2022 or other tax year beginning, and ending	·	2022
Department of the Tr Internal Revenue Ser	reasury rvice	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 Check bo address	ox if changed.	Name of organization (Check box if name changed and see instructions.)	DEmpl	oyer identification number
B Exempt under	r section Pri	INT THE TROY FOUNDATION	3	1-6018703
X 501(c)(3	3) o 220(e) Tyl	ן וענוווטטו, סנו טטנ, מווע וטטווו טו סעונט ווט. וו מ ו .ט. טטא, סטט ווסנו עטנוטווס.		o exemption number nstructions)
408A 529(a)	530(a) 529A	City or town, state or province, country, and ZIP or foreign postal code TROY , OH $45373 - 3234$	F	Check box if
	С	Book value of all assets at end of year		an amended return.
G Check orga	anization type	e 501(c) corporation X 501(c) trust 401(a) trust Other trust] State	college/university
H Check if fili	ing only to	Claim credit from Form 8941 Claim a refund shown on Form 2439		
Check if a 5	501(c)(3) orga	anization filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
		ached Schedules A (Form 990-T)		1
•		the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? and identifying number of the parent corporation.		Yes X No
	are in care of		937-	339-8935
Part I To	otal Unrela	ted Business Taxable Income		
1 Total of u	unrelated busi	iness taxable income computed from all unrelated trades or businesses (see		
instructio	ons)		1	0.
2 Reserved	d k		2	
3 Add lines	s 1 and 2		3	
4 Charitable	le contributior	ns (see instructions for limitation rules)	4	0.
5 Total unre	elated busine	ess taxable income before net operating losses. Subtract line 4 from line 3	. 5	
6 Deduction	on for net ope	rating loss. See instructions	6	
7 Total of u	unrelated busi	iness taxable income before specific deduction and section 199A deduction.		
Subtract	line 6 from lir	ne 5	7	
8 Specific of	deduction (ge	enerally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. S	Section 199A	deduction. See instructions	9	
10 Total dec	ductions. Ad	d lines 8 and 9	10	1,000.
11 Unrelate	ed business t	axable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero			11	0.
	ax Comput			
1 Organiza	ations taxable	e as corporations. Multiply Part I, line 11 by 21% (0.21)	1	
2 Trusts ta	axable at trus	st rates. See instructions for tax computation. Income tax on the amount on		
Part I, line	e 11 from:	X Tax rate schedule or Schedule D (Form 1041)	2	0.
3 Proxy tax	x. See instruc	stions	3	
4 Other tax	k amounts. Se	ee instructions	4	
5 Alternativ	ve minimum ta	ax (trusts only)	5	
6 Tax on n	oncompliant	t facility income. See instructions	6	
7 Total. Ad	dd lines 3 thro	bugh 6 to line 1 or 2, whichever applies	7	0.
LHA For Pap	perwork Redu	uction Act Notice, see instructions.		Form 990-T (2022)

223701 01-16-23

Form 9	90-T (2022)		F	2 Page 2
Part				-go L
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions)	-		
c	General business credit. Attach Form 3800 (see instructions)	1		
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)	-		
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: Form 4255 Form 8611 Form 8697 Form 8866			
•	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
-	section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022			-
b	2022 estimated tax payments. Check if section 643(g) election applies			
c	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
e	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
5	Form 4136 Other Total 6g			
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 2023 estimated tax Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL ca	rryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Par			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available 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 of			
	900000 \$	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 exan correct, and complete. Declaration of preparer (othe		formation of which pre	parer has any knowled	ge.	-	and belief, it is true, the IRS discuss this return with
nere	Signature of officer	Date	<u>EXECU</u> Title	TIVE DIRE	CTOR		reparer shown below (see actions)? X Yes No
	Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN
Paid					self- employe	ed	
Preparer	, KAREN O. CRIM	KAREN O. C	RIM	11/14/23			P00368385
Use Only		Firm's EIN 42-0714325					
000 0111	6 S PATT	ERSON BLVD					
	Firm's address DAYTON,	ОН 45402			Phone no.	93	7-298-0201
223711 01-16-	23						Form 990-T (2022)
			86				

86 2022.05000 THE TROY FOUNDATION 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.

Туре	Name of exempt organization or other filer, see instru	lame of exempt organization or other filer, see instructions.				mber (TIN)			
print	THE TROY FOUNDATION				31-6018703				
File by the due date for filing your return. See instructions.									
instructio	ns. City, town or post office, state, and ZIP code. For a for TROY, OH 45373-3234	oreign addi	ress, see instructions.						
Enter t	he Return Code for the return that this application is for (file	e a separa	e application for each return)	<u></u>		0 6			
Applic	ation	Return	Application			Return			
ls For		Code	Is For			Code			
Form 9	90 or Form 990-EZ	01	Form 1041-A			08			
Form 4	720 (individual)	03	Form 4720 (other than individual)			09			
Form 9	90-PF	04	Form 5227			10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 9	90-T (trust other than above)	06	Form 8870			12			
Form 9	90-T (corporation) MELISSA KLEPTZ	07							
 If th If th box 1 1 1 2 	request an automatic 6-month extension of time until	Group Exe and atta NOVE1 anization's , an heck rease	mption Number (GEN), <u>ch a list with the names and TINs of</u> <u>1BER 15, 2023, to file return for: d ending on: Initial return</u>	f this is fo all membe	r the whole group ers the extension npt organization r 	is for.			
	f this application is for Forms 990-PF, 990-T, 4720, or 6069 any nonrefundable credits. See instructions.), enter the	tentative tax, less	3a	\$	0.			
b	f this application is for Forms 990-PF, 990-T, 4720, or 6069 estimated tax payments made. Include any prior year overp			3b	\$	0.			
-	Balance due. Subtract line 3b from line 3a. Include your pa								
	using EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.			
	n: If you are going to make an electronic funds withdrawal			453-TE and	d Form 8879-TE f	or payment			
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form 8868	(Rev. 1-2022)			

223841 04-01-22

1 OMB No. 1545-0047

Unrelated Business Taxable Income	
From an Unrelated Trade or Business	

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

1

B Employer identification number 31-6018703

D Sequence:

1

of

4	Name of the	organizatio	n
	\mathbf{THE}	TROY	FOUNDATION

SCHEDULE A

(Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated business activity code (see instructions) С

900000

INVESTMENT IN PUBLICLY TRADED PARTNERSHIPS

	Describe the unrelated trade or business INVESTMENT I	N PO	(A) Income	ED PARTNERSHI	(C) Net
1 4			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(0) 1101
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 Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
С	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.		
Pa	t II Deductions Not Taken Elsewhere See instructi directly connected with the unrelated business in			luctions. Deduction	s must be

1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages	2			
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7					
8	Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	Part	I, line 13,		
	column (C)			16	0.
17	Deduction for net operating loss. See instructions	17	0.		
18	Unrelated business taxable income. Subtract line 17 from line 16			18	
LHA	For Paperwork Reduction Act Notice, see instructions.	Schedu	le A (Form 990-T) 2022		

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87 2022.05000 THE TROY FOUNDATION

	In A (Form 000 T) 2022					Dogo (
art	Ile A (Form 990-T) 2022 Cost of Goods Sold Enter meti	nod of inventory valuati	ion			Page 2
1	Inventory at beginning of year	*			1	
2	Purchases				2	
3	Cost of labor				3	
4	Additional section 263A costs (attach statement)				4	
5	Other costs (attach statement)				5	
6	Total. Add lines 1 through 5				6	
7	Inventory at end of year				7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h			•••••••	8	Yes No
9 art	Do the rules of section 263A (with respect to property p Rent Income (From Real Property and				v)	
1	Description of property (property street address, city, s	· · · · ·	-		<i>.,</i> ,	
•	A					
	в					
	c 🗌					
	D					
		A	В	С		D
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	through D. Enter here	and on Part I, line 6, co	olumn (A)		0.
rt	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions)	line 6, column (B)			0.
rt	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions)	line 6, column (B)			
t	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
t	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions)	line 6, column (B)			
rt	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
rt	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
• <u>rt</u>	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
1 1 1 2	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
4 5 1 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
1 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of B C C C C G G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	ter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, or A	ter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
rt a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of A	ter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
abc	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of B C C C D C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)	ter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See B	instructions.		0.
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (su Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
abc	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of B C C C D C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)	ter here and on Part I, ee instructions) bity, state, ZIP code). C A A	line 6, column (B) heck if a dual-use. See B B	c	%	0.
abc	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (sa Description of debt-financed property (street address, of B C C C D G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D) Allocable deductions. Multiply line 3c by line 6	ter here and on Part I, ee instructions) Sity, state, ZIP code). C A A Sity State, ZIP code). C	line 6, column (B) heck if a dual-use. See B B (1, line 7, column (A)	c C		0. 0. 0. 0.
b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (sa Description of debt-financed property (street address, of B C C C D G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income (add line 7, columns A through D)	ter here and on Part I, ee instructions) Sity, state, ZIP code). C A A A State Stat	line 6, column (B) heck if a dual-use. See B B (1, line 7, column (A)	c C		0. 0. 0. 0.

										1
Sched	ule A (Form 990-T) 2022 VI Interest, Annu	itiaa D	avaltica and D	onto fron	n Control		aonizationa			Page 3
Part	VI Interest, Annu	lities, R	oyaities, and Re		n Control		-		,	
	1 Name of controlle	1. Name of controlled 2. Employer organization identification		3 Net	unrelated	1	Exempt Controlled Organizational of specified 5. Part of column			
					ne (loss)		nents made	that is included	l in the	connected with
	5		number	(see ins	structions)			controlling org tion's gross in	aniza- come	income in column 5
(1)								groot in		
(2)										
(3)										
(4)										
					Controlled O					
7	7. Taxable Income		Net unrelated		otal of specif			of column 9 luded in the		Deductions directly
			ncome (loss) e instructions)	pa	yments mad	e	controlling organization's			connected with ome in column 10
<u>(4)</u>		(30					gross	income		
(<u>1</u>)										
(2) (3)										
(<u>3)</u> (4)										
<u></u>							Add colum	ins 5 and 10.	Add	columns 6 and 11.
								and on Part I,		here and on Part I,
							line 8, c	olumn (A)	lir	ne 8, column (B)
Totals								0.		0.
Part			of a Section 50	1(c)(7), (nization _{(s}	ee instructions)		
	1. Desc	cription of	income		2. Amou incor		3. Deductio		t-asides	5. Total deductions
					11001		directly conne (attach stater	•	statement	(add cols 3 and 4)
(4)							``	,		
(1) (2)										
(<u>2)</u> (3)										
(4)										
(1)					Add amou					Add amounts in
					column 2 here and o					column 5. Enter here and on Part I,
					line 9, colu					line 9, column (B)
Totals						0.				0.
Part	VIII Exploited E	xempt /	Activity Income	, Other 1	han Adve	ertising	g Income (see instructions	s)	
1	Description of exploite	ed activity:								
2	Gross unrelated busin								2	
3	Expenses directly con	nected wit	th production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,		
_									3	
4	Net income (loss) from									
_									4	
5	Gross income from ac								5	
6 7	Expenses attributable Excess exempt expen								6	
'	4. Enter here and on P								7	
		ar II, III 18	16							

Schedule A (Form 990-T) 2022

-	nvelope ID: 6FEDF524-1BBB-4FBA-9238-351	93E1411BF				1
Part	ule A (Form 990-T) 2022 IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if reportir A B C D D	ng two or mo	ore periodicals on a	consolidated basis	5.	
Enter a	amounts for each periodical listed above in the	correspond	ing column.			
	·		Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and on		11, column (A)			0.
а		_		•		
3	Direct advertising costs by periodical	L				
а	Add columns A through D. Enter here and on	Part I, line	11, column (B)			0.
4 5 6 7 8	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 Readership costs Circulation income 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 Excess readership costs allowed as a deduction. For each column showing a gain of line 4, enter the lesser of line 4 or line 7	n e ss ss				
а	Add line 8, columns A through D. Enter the g	reater of the	e line 8a, columns to	tal or zero here an	d on	•
Part	Compensation of Officers, Direction		nd Tructoco			0.
Fait	Compensation of Onicers, Di			ee instructions)	2 Dereentage	
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	

Total. Enter here and on Part II, line 1 Part XI Supplemental Information (see instructions)

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0.

THE TROY FOUNDATION

990-T SCH 2	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/19 12/31/20	9,643. 9,757.	0. 0.	9,643. 9,757.	9,643. 9,757.
NOL CARRYON	VER AVAILABLE THIS	YEAR	19,400.	19,400.

	ule E (Form 1040) 2022						Attachment Seque	nce No.	13	Page 2	
Name	s) shown on return. Do not enter name and social securi	y number if shown	on page 1.					You	r social secu	irity number	
TH	E TROY FOUNDATION							3	1-6018	3703	
	tion: The IRS compares amounts reported	,				ched	ule(s) K-1.				
Pa	rt II Income or Loss From Pa			rporation	າຣ						
	Note: If you report a loss, receive stock, or receive a loan repayment	nt from an S co	province of the second s								
	computation. If you report a loss line 28 and attach Form 6198. S			which any	amount i	s no	t at risk, you must check	< the b	ox in colun	nn (f) on	
27	Are you reporting any loss not allowed in			-risk or bas	s limitatio	ons :	a prior year unallowed lo	ss fron	na		
	passive activity (if that loss was not repo										
	see instructions before completing this section Yes X No										
28	(a) Name			(b) Enter P for partnership; S	(C) Check if foreign		(d) Employer lentification number	(e basis	Check if computation	(f) Check if any amount is	
	,			for 5 corporation	partnership			is	srequired	not at risk	
A	CEDAR FAIR, LP			P			4-1560655				
B C						+					
D						+					
	Passive Income and L	oss					Nonpassive Income and	d Loss			
	(g) Passive loss allowed	(h) Passiv	ve income		bassive loss ved (see	S	(j) Section 179 expense	(k) Nonpassiv	ve income	
	(attach Form 8582 if required)	from Sch	edule K-1		dule K-1)		deduction from Form 4562	1	from Sched	lule K-1	
A	0	•									
В											
c											
D											
29a	Totals										
b 30	Totals Add columns (h) and (k) of line 29a							30			
31								31	()	
32	Total partnership and S corporation in							32		,	
Pa	rt III Income or Loss From Est								•		
33			(a) Name							ployer	
			(a) Name						Identificati	on number	
A											
В	Passive Inco	aao I bac on					Nonpassive In		andlose		
	(c) Passive deduction or loss allow		(d) Pa	assive incor	ne		e) Deduction or loss) Other inc	ome from	
	(attach Form 8582 if required)	cu .		Schedule K		•	from Schedule K-1		Schedul		
Α											
в											
34a	Totals										
b	Totals										
35	Add columns (d) and (f) of line 34a							35		,	
36 37	Add columns (c) and (e) of line 34b Total estate and trust income or (loss		es 35 and 36					36 37	()	
	rt IV Income or Loss From Rea				nt Cond	duit	s (REMICs) - Resid		lolder		
		(b) Emp		(c) Exce	ss inclusi	on	(d) Taxable income		(e) Incom	e from	
38	(a) Name	identificatio		fròm Sch 2c (see i	edules Q, nstructior	, line ns)	(net loss) from Schedules Q, line 1b	S	chédules		
39	Combine columns (d) and (e) only. Enter	the result here	e and includ	e in the tota	al on line (41 b	elow	39			
	rt V Summary			=					1		
40 41	Net farm rental income or (loss) from Fo Total income or (loss). Combine lines 26, 32							40		0.	
41 42	Reconciliation of farming and fishing incom				1	IIC I		41		0.	
72	reported on Form 4835, line 7; Schedule K-1		-	-							
	(Form 1120-S), box 17, code AD; and Schedu	. ,				42					
43	Reconciliation for real estate professi										
	professional (see instructions), enter the	net income or	(loss) you re	eported any	where						
	on Form 1040, Form 1040-SR, or Form	040-NR from a	all rental rea	l estate act	ivities						
	in which you materially participated und	er the passive	activity loss			43					
22150	1 11-02-22			92			:	Sched	ule E (Fori	n 1040) 2022	

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 Schedule E (Form 1040) 2022

 TION
 77613081

See separate instructions.

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

OMB No. 1545-1008

Department of the Treasury Internal Revenue Service	
Name(s) shown on return	ı

THE TROY FOUNDATION

Form 8582

31	-6	0	1	8	7	0	3

Identifying number

Part I 2022 Passive Activity Loss				
Caution: Complete Parts IV and V before completing Part I.				
Rental Real Estate Activities With Active Participation (For the definition of act	ive participation, se	e		
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	219.		
b Activities with net loss (enter the amount from Part V, column (b))	2b ()		
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c (11,918.)		
d Combine lines 2a, 2b, and 2c			2d	-11,699.
3 Combine lines 1d and 2d. If this line is zero or more, stop here and include th	is form with your re	turn;		
all losses are allowed, including any prior year unallowed losses entered on li	ne 1c or 2c. Report	the		
losses on the forms and schedules normally used			3	-11,699.
If line 2 is a loss and				
If line 3 is a loss and: • Line 1d is a loss, go to Part II.	Deut II and and to Us	. 10		
 Line 2d is a loss (and line 1d is zero or more), skip 	Part II and go to lir	e 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.

Pa	art II Special Allowance for Rent	al Real Estate A	ctivities With	Act	ive Participati	on			
	Note: Enter all numbers in Part II as	positive amounts. Se	ee instructions for	an e	xample.				
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, se	ee instructions		5					
6	Enter modified adjusted gross income, but no	ot less than zero. See	e instructions	6					
	Note: If line 6 is greater than or equal to line 5	5, skip lines 7 and 8 a	and enter -0-						
	on line 9. Otherwise, go to line 7.								
7	Subtract line 6 from line 5			7					
8	Multiply line 7 by 50% (0.50). Do not enter m			rately	, see instructions		8		
9	Enter the smaller of line 4 or line 8						9		
Pa	art III Total Losses Allowed								
10	Add the income, if any, on lines 1a and 2a an	d enter the total					10		219.
11	Total losses allowed from all passive activi								
	out how to report the losses on your tax retur	n	S	EE.	STATEMENT	5	11		219.
Pa	art IV Complete This Part Before	Part I, Lines 1a,	1b, and 1c.	See	instructions.				
		Currer	nt year		Prior years		Ove	erall ga	ain or loss
	Name of activity								
		(a) Net income (line 1a)	(b) Net loss (line 1b)		(c) Unallowed loss (line 1c)	(d	I) Gain		(e) Loss

Total. Enter on Part I, lines 1a, 1b, and 1c ...

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2022)

Form 8582 (20) Part V	22) THE TROY FOUNI Complete This Part Be			a 2h 4	and 2c G	See instru	rtions	31-6	01	8703 Page 2
Failv			Currer			Prior ye		Overa	all ga	ain or loss
	Name of activity	(a) Net income		Net loss	(c) Unall		(d) Gain		(e) Loss
			(line 2a)	(li	ne 2b)	loss (line	e 2c)			(-)
		S	SEE ATTAC	HED	STATEM	ENT FO	R PAI	RT V		
Total Enter o	n Part I lines 2a 2h and 2c		219.			-11,				
Part VI	n Part I, lines 2a, 2b, and 2c Use This Part if an Am	nount la	s Shown on P	Part II.	Line 9.	See instru	ctions.			
	Name of activity	Fc a to	orm or schedule nd line number be reported on ee instructions)		I) Loss	(b) Ra		(c) Special allowance		(d) Subtract column (c) from column (a)
Total Part VII	Allocation of Unallowe	ed Loss	ses. See instr	uction	\$					
	Name of activity		Form or sche and line nun to be reporte (see instructi	edule nber ed on		LOSS		(b) Ratio	(c) Unallowed loss
			SEE ATTA	CHED	STATE	MENT F	QR PZ	ART VII		
Total					1	1,699.				11,699.
Part VIII	Allowed Losses. See i	nstructi	ions.							
	Name of activity		Form or sche and line nun to be reporte (see instructi	nber ed on	(a)	Loss	(b) ∪	nallowed loss		(c) Allowed loss
			SEE ATTA	CHED	STATE	MENT F	ØR PZ	ART VIII		
Total					1	1,918.		11,699.		219
I ULAI					L		1			217

Form **8582** (2022)

Part IX Activities With Losses Reporte			Joinedules. Je		
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				

THE TROY FOUNDATION

31-6018703

FORM 8582	OTHER PA	SSIV	E AC1	TIVITIES	3 –	PART V	STA:	CEMENT 2
	CUF	RENT	YEAF	R		IOR YEAR JALLOWED	OVERALL GAI	IN OR LOSS
NAME OF ACTIVITY	NET INC	OME	NET	LOSS		LOSS	GAIN	LOSS
CEDAR FAIR, LP	2	219.		0.		-11,918.		-11,699.
TOTALS	2	219.		0.		-11,918.		-11,699.
FORM 8582	ALLOCATION	OF UI	NALLO	OWED LOS	SES	5 - PART V	II STA	rement 3
NAME OF ACTIVITY			so	FORM OR CHEDULE		LOSS	RATIO	UNALLOWEI LOSS
CEDAR FAIR, LP			sc	CH E		11,699.	1.000000000	11,699.
TOTALS						11,699.	1.000000000	11,699.
FODM 8582	 λτ.τ		TOS		<u>, השר</u>		 ຕາກກ	
FORM 8582	ALI	OWED		SES – PA FORM OR SCHEDULE			UNALLOWED	TEMENT 4 ALLOWED
NAME OF ACTIVITY	ALI	OWED	 	FORM OR SCHEDULE		LOSS	UNALLOWED LOSS	ALLOWED LOSS
	ALI	OWED	 	FORM OR			UNALLOWED LOSS 11,699.	ALLOWED
NAME OF ACTIVITY CEDAR FAIR, LP			<u>-</u> 2	FORM OR SCHEDULE	 	LOSS 11,918. 11,918.	UNALLOWED LOSS 11,699. 11,699.	ALLOWED LOSS 219.
NAME OF ACTIVITY CEDAR FAIR, LP TOTALS		IARY (9 2 0F P2	FORM OR SCHEDULE SCH E ASSIVE A PRIOR		LOSS 11,918. 11,918.	UNALLOWED LOSS 11,699. 11,699. STAT	ALLOWED LOSS 219. 219.
NAME OF ACTIVITY CEDAR FAIR, LP TOTALS FORM 8582 R R E	SUMM FORM OR	AIN/	9 2 0F P2	FORM OR SCHEDULE SCH E ASSIVE A PRIOR		LOSS 11,918. 11,918. VITIES	UNALLOWED LOSS 11,699. 11,699. STAT	ALLOWED LOSS 219. 219. TEMENT 5
NAME OF ACTIVITY CEDAR FAIR, LP TOTALS FORM 8582 R R E A NAME CEDAR FAIR, LP	FORM OR SCHEDULE G	AIN/1	OF P2	FORM OR SCHEDULE SCH E ASSIVE A PRIOR YEAR C/		LOSS 11,918. 11,918. IVITIES	UNALLOWED LOSS 11,699. 11,699. STAT	ALLOWED LOSS 219. 219. TEMENT 5
NAME OF ACTIVITY CEDAR FAIR, LP TOTALS FORM 8582 R R E A NAME 	FORM OR SCHEDULE G SCH E	AIN/	0F P2 LOSS 219. 219.	FORM OR SCHEDULE SCH E ASSIVE A PRIOR YEAR C/ -11,91 -11,91		LOSS 11,918. 11,918. 11,918. VITIES VITIES GAIN/LOSS -11,699 -11,699	UNALLOWED LOSS 11,699. 11,699. STAT UNALLOWED LOSS . 11,699. . 11,699.	ALLOWED LOSS 219. 219. 7EMENT 5 ALLOWED LOSS