

\*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization THE TROY FOUNDATION
D Employer identification number 31-6018703
E Telephone number 937-339-8935
G Gross receipts \$ 26,870,453.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.THETROYFOUNDATION.ORG
K Form of organization:
L Year of formation: 1924
M State of legal domicile: OH

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes sub-sections for Net Assets or Fund Balances (lines 20-22).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: MELISSA KLEPTZ, PRESIDENT AND CEO
Preparer: KAREN O. CRIM, RSM US LLP
Firm's address: 6 S PATTERSON BLVD, DAYTON, OH 45402

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

Form **8868**  
(Rev. January 2024)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>THE TROY FOUNDATION</b>	Taxpayer identification number (TIN) <b>31-6018703</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>216 W FRANKLIN ST</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TROY, OH 45373-3234</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

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

Telephone No. **937-339-8935** Fax No. \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

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

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

Form **8868** (Rev. 1-2024)

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 9,422,652. including grants of \$ 9,118,432. ) (Revenue \$ ) IN 2023, THE TROY FOUNDATION PROVIDED OVER 2,100 GRANTS TO ORGANIZATIONS PROVIDING SERVICES IN THE AREAS OF ARTS AND CULTURE, EDUCATION, HEALTH AND HUMAN SERVICES, SOCIAL SERVICES, YOUTH DEVELOPMENT, BEAUTIFICATION, PROTECTING WILDLIFE AND THE ENVIRONMENT, AND EMERGENCY GRANTS TO ASSIST NON-PROFITS DURING THE PANDEMIC.

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

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

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

4e Total program service expenses 9,422,652.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 12; 1b Enter the number of voting members included... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

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

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELISSA KLEPTZ PRESIDENT & CEO	39.90 0.10			X				126,856.	0.	48,061.
(2) JOE DICKERSON CHAIR	1.00 0.10	X		X				0.	0.	0.
(3) WILLIAM J. FULKER SECRETARY GOV BD (NONVOTING)	1.00 0.10			X				0.	0.	0.
(4) SUSAN BEHM GOV BD	1.00 0.10	X						0.	0.	0.
(5) BRENT BLACK GOV BD	1.00 0.10	X						0.	0.	0.
(6) DAVE FISHER GOV BD/TRUSTEES COMMITTEE	1.00 0.10	X						0.	0.	0.
(7) TOM GIERE VICE CHAIR	1.00 0.10	X						0.	0.	0.
(8) COLLEEN GILARDI GOV BD/DISTRIBUTION COMMITTEE	1.00 0.10	X						0.	0.	0.
(9) KATHY KERBER GOV BD	1.00 0.10	X						0.	0.	0.
(10) TOM KLEPTZ GOV BD/TRUSTEES COMMITTEE	1.00 0.10	X						0.	0.	0.
(11) DOUG LINS GOV BD	1.00 0.10	X						0.	0.	0.
(12) ED PURVIS GOV BD	1.00 0.10	X						0.	0.	0.
(13) MAURICE SADLER GOV BD	1.00 0.10	X						0.	0.	0.
(14) CRAIG WISE GOV BD	1.00 0.10	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							126,856.	0.	48,061.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							126,856.	0.	48,061.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
US BANK 910 WEST MAIN STREET, TROY, OH 45373	INVESTMENT MANAGER	258,450.

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>	80,701.			
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,043,744.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,746,274.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		8,124,445.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		2,851,408.		2851408.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real	563.			
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses		0.			
	<b>6 c</b>	Rental income or (loss)		563.			
	<b>d</b>	Net rental income or (loss)		563.		563.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	15,876,442.			
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses		14,899,310.			
	<b>7 c</b>	Gain or (loss)		977,132.			
<b>d</b>	Net gain or (loss)		977,132.		977,132.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 80,701. of contributions reported on line 1c). See Part IV, line 18		17,595.				
<b>8 b</b>	Less: direct expenses		6,724.				
<b>c</b>	Net income or (loss) from fundraising events		10,871.		10,871.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		11,964,419.	0.	0.	3839974.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,269,372.	8,269,372.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	849,060.	849,060.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	174,917.		174,917.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	305,098.		305,098.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,932.		1,932.	
<b>9</b> Other employee benefits	35,979.		35,979.	
<b>10</b> Payroll taxes	31,155.		31,155.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	38,610.		38,610.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	304,220.	304,220.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,537.		2,537.	
<b>12</b> Advertising and promotion	30,521.		30,521.	
<b>13</b> Office expenses	19,147.		19,147.	
<b>14</b> Information technology	60,819.		60,819.	
<b>15</b> Royalties				
<b>16</b> Occupancy	7,521.		7,521.	
<b>17</b> Travel	2,350.		2,350.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,385.		1,385.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,722.		2,722.	
<b>23</b> Insurance	13,646.		13,646.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>CLEANING &amp; MAINTENANCE</b>	66,546.		66,546.	
<b>b</b> <b>EVENTS</b>	31,204.		31,204.	
<b>c</b> <b>EQUIPMENT</b>	18,546.		18,546.	
<b>d</b> <b>MEMBERSHIP DUES</b>	16,050.		16,050.	
<b>e</b> All other expenses	12,643.		12,643.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	10,295,980.	9,422,652.	873,328.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,085,462.	<b>1</b>	1,269,235.
	<b>2</b> Savings and temporary cash investments .....	4,191,261.	<b>2</b>	5,772,732.
	<b>3</b> Pledges and grants receivable, net .....	7,008.	<b>3</b>	6,108.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 234,534.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 35,767.	501,863.	<b>10c</b> 198,767.
	<b>11</b> Investments - publicly traded securities .....	76,388,021.	<b>11</b>	82,357,899.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	41,249,909.	<b>12</b>	51,551,383.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	123,423,524.	<b>16</b>	141,156,124.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	9,863.	<b>17</b>	6,778.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	7,792,499.	<b>25</b>	8,648,034.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,802,362.	<b>26</b>	8,654,812.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	22,449,724.	<b>27</b>	23,407,033.
	<b>28</b> Net assets with donor restrictions .....	93,171,438.	<b>28</b>	109,094,279.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	115,621,162.	<b>32</b>	132,501,312.
<b>33</b> Total liabilities and net assets/fund balances .....	123,423,524.	<b>33</b>	141,156,124.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,964,419.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,295,980.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,668,439.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	115,621,162.
5	Net unrealized gains (losses) on investments	5	15,260,198.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-45,557.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,930.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	132,501,312.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [X] A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6256073.	13178334.	9886786.	5817810.	8124445.	43263448.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6256073.	13178334.	9886786.	5817810.	8124445.	43263448.
<b>5</b> 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) .....						10537406.
<b>6 Public support.</b> Subtract line 5 from line 4.						32726042.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	6256073.	13178334.	9886786.	5817810.	8124445.	43263448.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2210563.	2150961.	2270741.	2448463.	2851971.	11932699.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						55196147.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	59.29	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	58.10	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**THE TROY FOUNDATION**

Employer identification number

**31-6018703**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization  <b>THE TROY FOUNDATION</b>	Employer identification number  <b>31-6018703</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>740,060.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>613,266.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>339,950.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>296,029.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>267,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THE TROY FOUNDATION</b>	Employer identification number  <b>31-6018703</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>240,875.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>THE TROY FOUNDATION</b>	Employer identification number  <b>31-6018703</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SECURITIES _____ _____ _____	\$ 210,424.	06/13/23
2	SECURITIES _____ _____ _____	\$ 402,842.	10/18/23
5	SECURITIES _____ _____ _____	\$ 296,029.	12/21/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>THE TROY FOUNDATION</b>	Employer identification number  <b>31-6018703</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including revenue and asset amounts.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	90,931,099.	94,321,031.	74,927,813.	60,604,896.	49,684,785.
b Contributions	2,247,793.	180,860.	6,699,739.	8,765,663.	3,872,828.
c Net investment earnings, gains, and losses	8,527,631.	-2,184,330.	17,079,660.	7,737,063.	10,014,205.
d Grants or scholarships	3,049,984.	400,068.	3,506,902.	1,646,551.	2,484,822.
e Other expenditures for facilities and programs	179,327.				
f Administrative expenses	467,555.	986,394.	879,279.	533,258.	482,100.
g End of year balance	98,009,657.	90,931,099.	94,321,031.	74,927,813.	60,604,896.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 16.0000 %
  - b Permanent endowment 24.0000 %
  - c Term endowment 60.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No                                  |
|--|-----|-------------------------------------|
| (i) Unrelated organizations?   |     | <input checked="" type="checkbox"/> |
| (ii) Related organizations?  |     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	193,710.			193,710.
b Buildings				
c Leasehold improvements				
d Equipment		40,824.	35,767.	5,057.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				198,767.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) VANGUARD 500 INDEX		
(B) ADMIRAL (VFIAX)	51,551,383.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	51,551,383.	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENT LIABILITIES	8,648,034.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	8,648,034.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

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

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

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

MANAGEMENT DOES NOT BELIEVE THAT THE FOUNDATION CONDUCTS ANY ACTIVITIES SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, MANAGEMENT CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE FOUNDATION'S FEDERAL INFORMATION RETURNS ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2019.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2023

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

THE TROY FOUNDATION

Employer identification number

31-6018703

Part I

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

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

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

2 a Did the organization have a written or oral agreement with any individual... b If "Yes," list the 10 highest paid individuals or entities...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

Total

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BANQUET (event type)	FISH FRY (event type)	4 (total number)		
Revenue	1	Gross receipts	21,970.	35,949.	40,377.	98,296.
	2	Less: Contributions	21,037.	35,949.	23,715.	80,701.
	3	Gross income (line 1 minus line 2)	933.		16,662.	17,595.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs			350.	350.
	7	Food and beverages			1,238.	1,238.
	8	Entertainment		254.	3,802.	4,056.
	9	Other direct expenses			1,080.	1,080.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				6,724.
11	Net income summary. Subtract line 10 from line 3, column (d)				10,871.	

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

**16 Gaming manager information:**

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17 Mandatory distributions:**

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

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

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AFRICA ACCESS 2204 QUINTON ROAD SILVER SPRING, MD 20910	52-1689732	501(C)(3)	10,000.	0.			EDUCATION
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - 225 NORTH MICHIGAN AVENUE - CHICAGO, IL 60601	13-3039601	501(C)(3)	5,587.	0.			DISEASE, DISORDERS, MEDICAL DISCIPLINES
AMERICAN RED CROSS - MIAMI VALLEY OHIO CHAPTER - 370 WEST FIRST STREET - DAYTON, OH 45402	53-0196605	501(C)(3)	10,225.	0.			SOCIAL SERVICES
APPALACHIAN STATE UNIVERSITY ASU BOX 32005 BOONE, NC 28608	56-1176030	NORTH CAROLINA	7,500.	0.			EDUCATION
APPLE GRANT CHARITABLE CHECKING ACCOUNT - 216 W FRANKLIN ST - TROY, OH 45373	31-6018703	501(C)(3)	40,031.	0.			EDUCATION
ARBOGAST PERFORMING ARTS CENTER 500 SOUTH DORSET ROAD TROY, OH 45373	83-0889260	501(C)(3)	119,200.	0.			ARTS & CULTURE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 171.

**3** Enter total number of other organizations listed in the line 1 table 7.

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERTKE CREATIVE 7249 MOUNTAIN TRAIL DAYTON, OH 45459	81-3995191		7,902.	0.			PROGRAM EXPENSE
BETHEL HOPE 6805 US ROUTE 40 TIPP CITY, OH 45371	65-1282778	501(C)(3)	6,500.	0.			SOCIAL SERVICES
BETHEL LOCAL SCHOOLS 7490 SOUTH STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	MIAMI COUNTY	22,883.	0.			EDUCATION
BETHEL TOWNSHIP, MIAMI COUNTY 8735 SOUTH SECOND STREET TIPP CITY, OH 45371	31-0793283	MIAMI COUNTY	6,350.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF
BIG BROTHERS, BIG SISTERS OF THE GREATER MIAMI VALLEY - 22 SOUTH JEFFERSON STREET - DAYTON, OH 45402	31-0641306	501(C)(3)	9,200.	0.			HUMAN SERVICES
BILL SEVERT MEMORIAL APPRENTICE FIREFIGHTER FUND - 216 W FRANKLIN ST - TROY, OH 45373	31-6018703	501(C)(3)	11,315.	0.			EDUCATION
BOWLING GREEN STATE UNIVERSITY OFFICE OF THE BURSAR BOWLING GREEN, OH 43403-0100	34-6007199	OHIO	37,125.	0.			EDUCATION
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	289,395.	0.			ANIMAL RELATED (WILDLIFE PROTECTION/PRESERVATION)
BRUNNER LITERACY CENTER 1995 SHILOH SPRINGS ROAD DAYTON, OH 45426	45-2407008	501(C)(3)	7,000.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANINE COMPANIONS FOR INDEPENDENCE 8150 CLARCONA OCOCE RD. ORLANDO, FL 32818	94-2494324	501(C)(3)	31,000.	0.			ANIMAL RELATED (WILDLIFE PROTECTION/PRESERVATION)
CASA/GAL OF MIAMI COUNTY, INC. 405 PUBLIC SQUARE TROY, OH 45373	31-1418130	501(C)(3)	13,500.	0.			SOCIAL SERVICES
CEDARVILLE UNIVERSITY CASHIERS OFFICE CEDARVILLE, OH 45314	31-0536647	501(C)(3)	26,500.	0.			EDUCATION
CISV MIDWEST OHIO CHAPTER P.O. BOX 836 TROY, OH 45373	23-7617043		29,012.	0.			EDUCATION
CITY OF TIPP CITY, OHIO 260 SOUTH GARBER DRIVE TIPP CITY, OH 45371	31-0792424	TIPP CITY	16,448.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
CITY OF TROY, OHIO 100 SOUTH MARKET STREET TROY, OH 45373	31-6000549	TROY	28,116.	0.			COMMUNITY IMPROVEMENT
CLEAR CREEK FARM 1900 SOUTH KUTHER ROAD SIDNEY, OH 45365	31-0982443	501(C)(3)	52,840.	0.			SOCIAL SERVICES
CLOTHES THAT WORK 1133 EDWIN C. MOSES BLVD., SUITE 39 DAYTON, OH 45417	31-1575093	501(C)(3)	10,000.	0.			HUMAN SERVICES
DARKE COUNTY JUNIOR FAIR 800 SWEITZER STREET GREENVILLE, OH 45331	34-4215590	501(C)(3)	9,606.	0.			YOUTH DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 45405	31-0537480	501(C)(3)	63,947.	0.			ARTS & CULTURE
DAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK DAYTON, OH 45469	26-0463618	501(C)(3)	53,890.	0.			EDUCATION
DAYTON PERFORMING ARTS ALLIANCE 126 NORTH MAIN STREET DAYTON, OH 45402	31-6000101	501(C)(3)	95,047.	0.			EDUCATION
DOROTHY LOVE RETIREMENT COMMUNITY 3003 WEST CISCO ROAD SIDNEY, OH 45365	34-4429863	501(C)(3)	16,288.	0.			HEALTH & HUMAN SERVICES
DOWNTOWN TIPP CITY PARTNERSHIP 6 SOUTH THIRD STREET TIPP CITY, OH 45371	26-0530154	501(C)(3)	14,838.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
DREAM BUILDERS GROUP INC 6759 SOUTH COUNTY ROAD 25A TIPP CITY, OH 45371	31-1405053	501(C)(3)	9,420.	0.			YOUTH DEVELOPMENT
EDISON COMMUNITY COLLEGE 1973 EDISON DRIVE PIQUA, OH 45356	31-0836468	OHIO	5,490.	0.			EDUCATION
FAMILIES 4 FAMILIES, INC. 3915 HARRISON ROAD LOGANVILLE, GA 30052	81-4150247	501(C)(3)	10,000.	0.			HUMAN SERVICES
F. J. STALLO PUBLIC LIBRARY 196 EAST 4TH STREET MINSTER, OH 45865	34-1788090	MINSTER	8,000.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. - 530 CRESENT DRIVE - TROY, OH 45373	31-0966177	501(C)(3)	37,280.	0.			SOCIAL SERVICES
FIRST BAPTIST CHURCH 53 SOUTH NORWICH ROAD TROY, OH 45373	31-6007357	501(C)(3)	12,500.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
FIRST PLACE FOOD PANTRY, INC. PO BOX 81 TROY, OH 45373	47-0994740	501(C)(3)	69,200.	0.			FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAM
FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	27,952.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
FIRST UNITED CHURCH OF CHRIST 120 SOUTH MARKET STREET TROY, OH 45373	13-1957221	501(C)(3)	173,706.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	94,931.	0.			GENERAL SUPPORT
FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	74,066.	0.			SOCIAL SERVICES
FRANCISCAN UNIVERSITY OF STEUBENVILLE - 1235 UNIVERSITY BOULEVARD - STEUBENVILLE, OH 43952-1792	34-0714818	501(C)(3)	7,500.	0.			EDUCATION
FRIENDS OF HAYNER, INC. 301 WEST MAIN STREET TROY, OH 45373	31-1081395	501(C)(3)	60,189.	0.			ARTS, CULTURE AND HUMANITIES



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GINGHAMSBURG CHURCH 6759 SOUTH COUNTY ROAD 25A TIPP CITY, OH 45371	31-0808339	501(C)(3)	17,500.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
GLOBUS PRINTING & PACKAGING PO BOX 114 MINSTER, OH 45865			6,500.	0.			PROGRAM EXPENSE
GOODWILL EASTERSEALS OF MIAMI VALLEY - 660 SOUTH MAIN STREET - DAYTON, OH 45402	31-0537112	501(C)(3)	10,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
GRACE BAPTIST CHURCH 1400 NORTH MARKET STREET TROY, OH 45373		501(C)(3)	7,288.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
HAMILTON BADIN HIGH SCHOOL 571 NEW LONDON ROAD HAMILTON, OH 45013	31-0537113	501(C)(3)	75,000.	0.			EDUCATION
HAWAII COMMUNITY FOUNDATION 444 HANA HIGHWAY KAHULUI, HI 96732	99-0261283	501(C)(3)	10,000.	0.			EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH)
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501(C)(3)	120,886.	0.			HEALTH & HUMAN SERVICES
HOBART INSTITUTE OF WELDING TECHNOLOGY - 400 TRADE SQUARE E - TROY, OH 45373	31-6032186	501(C)(3)	119,825.	0.			EDUCATION
HOSPICE OF MIAMI COUNTY, INC. ENDOWMENT FUND - 3230 NORTH COUNTY ROAD 25A - TROY, OH 45373	31-1031277	501(C)(3)	14,062.	0.			HEALTH & HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENT STATE UNIVERSITY BURSAR'S OFFICE KENT, OH 44242	31-6402079	OHIO	12,000.	0.			EDUCATION
KIDS READ NOW, INC. 55 MARYBILL DR. S. TROY, OH 45373	45-3504550	501(C)(3)	10,000.	0.			EDUCATION
KIWANIS CLUB OF PIQUA K 02086 PO BOX 738 PIQUA, OH 45356	31-6039494	501(C)(3)	17,649.	0.			GENERAL SUPPORT
KIWANIS CLUB OF TROY, INC. 250 CRESTWOOD DR. TROY, OH 45373	31-0708676	501(C)(3)	18,000.	0.			RECREATIONAL
LEE UNIVERSITY PO BOX 3450 CLEVELAND, TN 37320	62-0502739	501(C)(3)	21,650.	0.			EDUCATION
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	77,267.	0.			EDUCATION
LIBERTY UNIVERSITY FINANCIAL AID OFFICE LYNCHBURG, VA 24515	54-0946734	501(C)(3)	19,100.	0.			EDUCATION
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	396,154.	0.			RECREATIONAL
MAPLE TREE CANCER ALLIANCE 425 N. FINDLAY ST. DAYTON, OH 45404	27-4113397	501(C)(3)	7,500.	0.			HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI COUNTY AGRICULTURAL SOCIETY 650 NORTH COUNTY ROAD 25A TROY, OH 45373	31-0512071	501(C)(3)	10,500.	0.			EDUCATION
MIAMI COUNTY AUDITOR 201 WEST MAIN STREET TROY, OH 45373	31-6000055	MIAMI COUNTY	633,419.	0.			HEALTH & HUMAN SERVICES
MIAMI COUNTY DENTAL CLINIC 70 TROY TOWNE DRIVE TROY, OH 45373	20-4901192	501(C)(3)	104,977.	0.			HEALTH & HUMAN SERVICES
MIAMI COUNTY FIRE AND EMERGENCY SERVICES CHIEFS' ASSOCIATION - 1841 WEST MAIN ST. - TROY, OH 45373	83-2997721	501(C)(3)	8,776.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF
MIAMI COUNTY JUNIOR FAIR 650 NORTH COUNTY ROAD 25A TROY, OH 45373	31-0512071	501(C)(3)	9,606.	0.			YOUTH DEVELOPMENT
MIAMI COUNTY LOCAL FOOD COUNCIL PO BOX 334 TROY, OH 45373	81-3339080	501(C)(3)	10,875.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
MIAMI COUNTY PARK DISTRICT 2645 EAST STATE ROUTE 41 TROY, OH 45373	31-6000055	501(C)(3)	19,500.	0.			RECREATIONAL
MIAMI COUNTY PUBLIC HEALTH DEPARTMENT - 510 W. WATER STREET - TROY, OH 45373	31-6000055	MIAMI COUNTY	12,000.	0.			HEALTH & HUMAN SERVICES
MIAMI COUNTY VISITORS AND CONVENTION BUREAU - 405 PUBLIC SQUARE SOUTHWEST - TROY, OH 45373	31-1315269	501(C)(3)	13,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI COUNTY YMCA 223 WEST HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	83,304.	0.			RECREATIONAL
MIAMI EAST ATHLETIC DEPARTMENT 3925 NORTH STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	31,500.	0.			RECREATIONAL
MIAMI EAST LOCAL SCHOOLS 3825 NORTH STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	MIAMI COUNTY	8,247.	0.			RECREATIONAL
MIAMI UNIVERSITY OFFICE OF THE BURSAR OXFORD, OH 45056	31-6402089	OHIO	22,400.	0.			EDUCATION
MIAMI VALLEY COUNCIL BOY SCOUTS OF AMERICA - 7285 POE AVENUE - DAYTON, OH 45414	31-0537124	501(C)(3)	8,854.	0.			HUMAN SERVICES
MIAMI VALLEY VETERANS MUSEUM 2245 SOUTH COUNTY ROAD 25A TROY, OH 45373	27-2517593	501(C)(3)	62,050.	0.			EDUCATION
MIAMIBUCS CHAPTER OF NATIONAL AMBUCS, INC. - 2555 BROKENWOODS DRIVE - TROY, OH 45373	90-1115657	501(C)(3)	8,329.	0.			YOUTH DEVELOPMENT
MIDWEST MAINTENANCE, INC. 101 FOX DRIVE PIQUA, OH 45356			113,000.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
NEEDY BASKETS OF SOUTHERN MIAMI COUNTY, INC. - 330 SOUTH FIFTH STREET - TIPP CITY, OH 45371	31-1190924	501(C)(3)	7,667.	0.			SOCIAL SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW CREATION COUNSELING CENTER 7695 SOUTH COUNTY ROAD 25A TIPP CITY, OH 45371	31-1409864	501(C)(3)	30,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
OHIO COUNCIL OF DELIBERATION SCHOLARSHIP FUND - DEPUTY OF THE ORIENT OF OHIO - CINCINNATI, OH 45213-2023	32-0247237	501(C)(3)	38,524.	0.			EDUCATION
OHIO DOMINICAN UNIVERSITY 1216 SUNBURY ROAD COLUMBUS, OH 43219	31-4379560	501(C)(3)	15,500.	0.			EDUCATION
OHIO NORTHERN UNIVERSITY 525 SOUTH MAIN STREET ADA, OH 45810	34-4429091	501(C)(3)	16,250.	0.			EDUCATION
OHIO UNIVERSITY OFFICE OF STUDENT FINANCIAL AID ATHENS, OH 45701	31-6402113	OHIO	64,200.	0.			EDUCATION
OHIO'S HOSPICE OF MIAMI COUNTY 3230 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1031277	501(C)(3)	298,655.	0.			HEALTH & HUMAN SERVICES
OREGON PRINTING 29 NORTH JUNE STREET DAYTON, OH 45403			23,353.	0.			PROGRAM EXPENSE
OUR FARM SANCTUARY 6495 AGENBROAD ROAD TIPP CITY, OH 45371	83-2712332	501(C)(3)	57,000.	0.			ANIMAL RELATED (WILDLIFE PROTECTION/PRESERVATION)
OVERFIELD TAVERN MUSEUM 201 EAST WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	147,130.	0.			ARTS, CULTURE AND HUMANITIES

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

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PARTNERS IN HOPE, INC. 180 EAST RACE STREET TROY, OH 45373-3567	31-1305869	501(C)(3)	64,456.	0.			SOCIAL SERVICES
PINK RIBBON GOOD 350 HULS DRIVE CLAYTON, OH 45315	32-0020270	501(C)(3)	145,300.	0.			HEALTH & HUMAN SERVICES
PRIORITY NEEDS FUND OF THE TROY FOUNDATION - 216 W FRANKLIN STREET - TROY, OH 45373	31-6018703	501(C)(3)	95,082.	0.			HUMAN SERVICES
PURDUE UNIVERSITY HOVDE HALL OF ADMINISTRATION WEST LAFAYETTE, IN 47907-2040	35-6002041	INDIANA	8,300.	0.			EDUCATION
READING FOR CHANGE 105 SOUTH MARKET STREET TROY, OH 45373	47-4043315	501(C)(3)	10,343.	0.			EDUCATION
REHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOOL - 1306 GARBRY ROAD - PIQUA, OH 45356-8219	23-7202001	501(C)(3)	24,539.	0.			HEALTH & HUMAN SERVICES
RICHARDS CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	132,808.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
ROBINSON RESERVE AT DUKE PARK 216 W FRANKLIN STREET TROY, OH 45373	31-6018703	501(C)(3)	200,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
RONALD MCDONALD HOUSE CHARITIES DAYTON - 555 VALLEY STREET - DAYTON, OH 45404	31-0964793	501(C)(3)	7,000.	0.			HEALTH & HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RT INDUSTRIES 110 FOSS WAY TROY, OH 45373	31-0855035	501(C)(3)	30,000.	0.			HUMAN SERVICES
SALVATION ARMY - PIQUA PO BOX 615 PIQUA, OH 45356	58-0660607	501(C)(3)	10,106.	0.			SOCIAL SERVICES
SAVANNAH COLLEGE OF ART AND DESIGN PO BOX 3146 SAVANNAH, OH 31402	58-1357177	501(C)(3)	9,000.	0.			EDUCATION
SCHWAB CHARITABLE 1958 SUMMIT PARK DRIVE ORLANDO, FL 32810	31-1640316	501(C)(3)	161,571.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING
SPECIAL OLYMPICS OHIO 921 EASTWIND DRIVE WESTERVILLE, OH 43081	51-0183468	501(C)(3)	8,286.	0.			RECREATIONAL
ST. BONIFACE CHURCH 310 STREET DOWNING STREET PIQUA, OH 45356	31-0561491	501(C)(3)	8,800.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
ST. JOHN UNITED CHURCH OF CHRIST 130 SOUTH WALNUT STREET TROY, OH 45373	13-1957221	501(C)(3)	13,457.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
ST. PATRICK CATHOLIC CHURCH 409 EAST MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	109,680.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
ST. PATRICK SOUP KITCHEN 25 NORTH MULBERRY STREET TROY, OH 45373	30-0391714	501(C)(3)	19,900.	0.			FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PAUL'S CHURCH OF CHRIST, SIDNEY - 707 NORTH OHIO AVENUE - SIDNEY, OH 45365	34-4469953	501(C)(3)	7,660.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
ST. VINCENT DE PAUL SOCIETY 124 WEST APPLE STREET DAYTON, OH 45402	31-1011485	501(C)(3)	10,230.	0.			SOCIAL SERVICES
STADIUM AND TURF ENHANCEMENT PROJECT (STEP) - 216 W FRANKLIN STREET - TROY, OH 45373	31-6018703	501(C)(3)	171,895.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
TAYLOR UNIVERSITY BURSAR'S OFFICE UPLAND, IN 46989	35-0868181	501(C)(3)	7,700.	0.			GENERAL SUPPORT
TCN BEHAVIORAL HEALTH 1825 COMMERCE CENTER BOULEVARD FAIRBORN, OH 45324	31-1305635	501(C)(3)	41,900.	0.			HUMAN SERVICES
TESOROS DE DIOS P.O. BOX 578 WORTH, IL 60482	45-2470867	501(C)(3)	5,500.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
THE EDISON FOUNDATION EDISON STATE COMMUNITY COLLEGE PIQUA, OH 45356	31-1379781	501(C)(3)	10,325.	0.			EDUCATION
THE FUTURE BEGINS TODAY PO BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	34,603.	0.			EDUCATION
THE HODGE GROUP 8369 TARTAN FIELDS DRIVE DUBLIN, OH 43017			15,000.	0.			PROGRAM EXPENSE



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE KLEINGERS GROUP 6219 CENTRE PARK DRIVE WEST CHESTER, OH 45069			204,100.	0.			RECREATIONAL
THE LAND INSTITUTE 2440 E WATER WELL ROAD SALINA, KS 67401	48-0842156	501(C)(3)	8,890.	0.			ENVIRONMENT
THE NATURE CONSERVANCY P.O. BOX 1562 MERRIFIELD, VA 22116-9594	53-0242652	501(C)(3)	12,700.	0.			ENVIRONMENT
THE NATURE CONSERVANCY, OHIO CHAPTER - 6375 RIVERSIDE DRIVE - DUBLIN, OH 43017	53-0242652	501(C)(3)	11,698.	0.			GENERAL SUPPORT
THE NEW PATH, INC. 7695 SOUTH COUNTY ROAD 25-A TIPP CITY, OH 45371	31-1710997	501(C)(3)	5,900.	0.			HEALTH & HUMAN SERVICES
THE OHIO STATE UNIVERSITY EXTERNAL SCHOLARSHIPS COLUMBUS, OH 43218-3248	31-6025986	OHIO	116,950.	0.			EDUCATION
THE OVERFIELD SCHOOL 172 SOUTH RIDGE AVENUE TROY, OH 45373	31-1088546	501(C)(3)	301,304.	0.			EDUCATION
THE SINCLAIR COMMUNITY COLLEGE FOUNDATION - 444 W. THIRD ST. - DAYTON, OH 45402-1460	23-7032312	501(C)(3)	10,000.	0.			EDUCATION
THE SOAR INITIATIVE 10 N. HIGH STREET COLUMBUS, OH 43215	84-2864810	501(C)(3)	10,050.	0.			MENTAL HEALTH, CRISIS INTERVENTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THINK TV NETWORK GREATER DAYTON PUBLIC TELEVISION DAYTON, OH 45402	31-0858459	501(C)(3)	15,050.	0.			EDUCATION
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DRIVE TIPP CITY, OH 45371	31-6000983	TIPP CITY	51,310.	0.			EDUCATION
TIPP CITY PUBLIC LIBRARY 11 EAST MAIN STREET TIPP CITY, OH 45371	31-6000554	TIPP CITY	37,210.	0.			EDUCATION
TIPP CITY SENIORS, INC. 528 N. HYATT ST. TIPP CITY, OH 45371	31-1780623	501(C)(3)	7,946.	0.			ELDERLY/SENIOR CITIZENS
TIPP MONROE COMMUNITY SERVICES 3 EAST MAIN STREET TIPP CITY, OH 45371	31-0794220	501(C)(3)	9,800.	0.			SOCIAL SERVICES
TIPP PRIDE ASSOCIATION PO BOX 261 TIPP CITY, OH 45371	81-4416439	501(C)(3)	7,500.	0.			EDUCATION
TRI-COUNTY BOARD OF RECOVERY & MENTAL HEALTH - 1280 N. COUNTY ROAD 25A - TROY, OH 45373	31-6000055	MIAMI COUNTY	100,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
TROY CHRISTIAN SCHOOLS INC 700 SOUTH DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	6,548.	0.			EDUCATION
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	TROY	69,636.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROY CITY SKATEPARK UNITE 522 SOUTH MARKET STREET TROY, OH 45373	93-2139843	501(C)(3)	17,700.	0.			RECREATIONAL
TROY COMMUNITY FM - POWER 107.1 WTJN - 315 SOUTH PUBLIC SQUARE - TROY, OH 45373	35-2484745	501(C)(3)	66,900.	0.			OTHER
TROY DOLLARS FOR COLLEGE FUND 216 W FRANKLIN STREET TROY, OH 45373	31-6018703	501(C)(3)	21,500.	0.			EDUCATION
TROY HALL OF FAME 405 PUBLIC SQUARE TROY, OH 45373	31-1454017	501(C)(3)	28,018.	0.			EDUCATION
TROY HIGH SCHOOL SOFTBALL PARENTS ASSOCIATION - 151 W. STAUNTON RD. - TROY, OH 45373	38-3736476	501(C)(3)	23,800.	0.			RECREATIONAL
TROY MAIN STREET, INC. 405 SOUTHWEST PUBLIC SQUARE TROY, OH 45373	31-1301818	501(C)(3)	25,701.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
TROY RECREATION ASSOCIATION 11 NORTH MARKET STREET TROY, OH 45373	31-0579679	501(C)(3)	67,994.	0.			HUMAN SERVICES
TROY SENIOR CITIZENS CENTER 134 NORTH MARKET STREET TROY, OH 45373	31-6057839	501(C)(3)	22,799.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
TROY SKATE CHURCH PO BOX 935 TROY, OH 45373	87-1166455	501(C)(3)	10,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	24,888.	0.			ARTS & CULTURE
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 WEST MAIN STREET TROY, OH 45373	31-6000630	MIAMI COUNTY	125,847.	0.			EDUCATION
UNITED WAY OF MIAMI COUNTY 116 WEST FRANKLIN STREET TROY, OH 45373	31-0619209	501(C)(3)	52,988.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING
UNIVERSITY OF CINCINNATI PO BOX 210140 CINCINNATI, OH 45221	31-6000989	OHIO	82,650.	0.			EDUCATION
UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON, OH 45469	31-0536715	501(C)(3)	75,635.	0.			EDUCATION
UNIVERSITY OF PITTSBURGH STUDENT ACCOUNTING AND BILLING PITTSBURGH, PA 15260	25-0965591	PENNSYLVANIA	22,500.	0.			EDUCATION
UNIVERSITY OF TENNESSEE OFFICE OF THE BURSAR KNOXVILLE, TN 37996-0225	62-6001636	TENNESSEE	15,500.	0.			EDUCATION
UNIVERSITY OF THE CUMBERLANDS OFFICE OF THE REGISTRAR WILLIAMSBURG, KY 40769	61-0470593	501(C)(3)	7,200.	0.			EDUCATION
UPPER VALLEY CAREER CENTER 8811 CAREER DRIVE PIQUA, OH 45356	31-0819594	UPPER VALLEY	53,970.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPPER VALLEY MEDICAL CENTER 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-0537095	501(C)(3)	6,071.	0.			GENERAL SUPPORT
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	184,789.	0.			HEALTH
WACO HISTORICAL SOCIETY 1865 SOUTH COUNTY ROAD 25A TROY, OH 45373	31-0969657	501(C)(3)	9,442.	0.			EDUCATION
WE CARE ARTS 3035 WILMINGTON PIKE KETTERING, OH 45429	31-1295721	501(C)(3)	5,124.	0.			YOUTH DEVELOPMENT
WE LOVE BIRTHDAY PARTIES 1597 NORTH ROAD TROY, OH 45373	84-1978157	501(C)(3)	5,500.	0.			YOUTH DEVELOPMENT
WEST OHIO CONFERENCE OF THE UNITED METHODIST CHURCH - 32 WESLEY BOULEVARD - WORTHINGTON, OH 43085	31-4420544	501(C)(3)	115,573.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
WESTSIDE NEIGHBORHOOD SCHOOL 5401 BEETHOVEN STREET LOS ANGELES, CA 90066	95-3551091	501(C)(3)	15,000.	0.			EDUCATION
WILMINGTON COLLEGE PYLE CENTER BOX 1184 WILMINGTON, OH 45177	31-0537514	501(C)(3)	5,500.	0.			EDUCATION
WITTENBERG UNIVERSITY OFFICE OF FINANCIAL AID SPRINGFIELD, OH 45501	31-0537177	501(C)(3)	33,100.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WRIGHT STATE UNIVERSITY OFFICE OF THE BURSAR 055 STUDENT UN DAYTON, OH 45435	31-0732831	OHIO	40,000.	0.			EDUCATION
WRIGHT STATE UNIVERSITY FOUNDATION 3640 COLONEL GLEN HIGHWAY DAYTON, OH 45435	23-7019799	501(C)(3)	18,105.	0.			EDUCATION
XAVIER UNIVERSITY BURSAR'S OFFICE CINCINNATI, OH 45207	31-0537516	501(C)(3)	6,985.	0.			EDUCATION
YELLOWSTONE TO YUKON CONSERVATION INITIATIVE FOUNDATION - PO BOX 157 - BOZEMAN, MT 59771	81-0535303	501(C)(3)	8,890.	0.			ENVIRONMENT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ADMINISTRATIVE EXPENSE	14	6,303.	0.		
SCHOLARSHIP	528	842,107.	0.		
JOURNALISM	1	650.	0.		

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

**PART I, LINE 2:**

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2023**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 Attach to Form 990.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE TROY FOUNDATION**

Employer identification number

**31-6018703**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** 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.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

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

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

Schedule J (Form 990) 2023



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MELISSA KLEPTZ PRESIDENT & CEO	(i)	126,856.	0.	0.	11,965.	36,096.	174,917.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

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

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

**Part II Loans to and/or From Interested Persons**

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

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> .....							\$						

**Part III Grants or Assistance Benefiting Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) NATHAN KLETPZ	SON OF PRES/CEO	3,449.	GRANT TO STUD	GRANT TO STUD
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

**Part IV Business Transactions Involving Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TURNSTONE FINANCIAL LLC	ENTITY MORE THAN 35	68,088.	INVESTMENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(A) NAME OF PERSON: NATHAN KLETPZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF PRES/CEO MELISSA KLEPTZ

(C) AMOUNT OF GRANT \$ 3,449.

(D) TYPE OF ASSISTANCE: GRANT TO STUDY ABROAD

(E) PURPOSE OF ASSISTANCE: GRANT TO STUDY ABROAD

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 PRES/CEO MELISSA KLEPTZ

(D) DESCRIPTION OF TRANSACTION: INVESTMENT MANAGEMENT FEES

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	43	1,908,216.	FMV AT TRANSFER
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

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

SCHEDULE M, PART I, COLUMN (B):

REPORTING THE NUMBER OF CONTRIBUTIONS

SCHEDULE M, LINE 32B:

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

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

THE TROY FOUNDATION

Employer identification number

31-6018703

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

GROWING A GREATER TOMORROW.

FORM 990, PART VI, SECTION A, LINE 2:

TOM KLEPTZ IS A TRUSTEE. HE IS THE HUSBAND OF MELISSA KLEPTZ, PRESIDENT &  
CEO.

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 PRESIDENT & CEO LISTING  
ALL POTENTIAL CONFLICTS THAT MAY OCCUR THROUGHOUT THE YEAR.

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

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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization <b>THE TROY FOUNDATION</b>	Employer identification number <b>31-6018703</b>
--	---

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:

MISCELLANEOUS ADJUSTMENT -2,930.

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.



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.

Form **990-T**

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

OMB No. 1545-0047

# 2023

For calendar year 2023 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>THE TROY FOUNDATION</b>	<b>D</b> Employer identification number <b>31-6018703</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>Print or Type</b>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>216 W FRANKLIN ST</b> City or town, state or province, country, and ZIP or foreign postal code <b>TROY, OH 45373-3234</b>	<b>E</b> Group exemption number (see instructions)
		<b>C</b> Book value of all assets at end of year ..... <b>141,156,124.</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university  
 6417(d)(1)(A) Applicable entity

**H** Check if filing only to claim  Credit from Form 8941  Refund shown on Form 2439  Elective payment amount from Form 3800

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

**J** Enter the number of attached Schedules A (Form 990-T) ..... **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation

**L** The books are in care of **MELISSA KLEPTZ** Telephone number **937-339-8935**

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

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

<b>Part III Tax and Payments</b>		
<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>	
<b>b</b> Other credits (see instructions) .....	<b>1b</b>	
<b>c</b> General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>	
<b>d</b> Credit for prior-year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>	
<b>e</b> <b>Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>	
<b>2</b> Subtract line 1e from Part II, line 7 .....	<b>2</b>	<b>0.</b>
<b>3a</b> Amount due from Form 4255 .....	<b>3a</b>	
<b>b</b> Amount due from Form 8611 .....	<b>3b</b>	
<b>c</b> Amount due from Form 8697 .....	<b>3c</b>	
<b>d</b> Amount due from Form 8866 .....	<b>3d</b>	
<b>e</b> Other amounts due (see instructions) .....	<b>3e</b>	
<b>f</b> Total amounts due. Add lines 3a through 3e .....	<b>3f</b>	<b>0.</b>
<b>4</b> <b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>	<b>0.</b>
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	<b>5</b>	<b>0.</b>

<b>Part III Tax and Payments</b> <i>(continued)</i>			
6 a	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
c	Tax deposited with Form 8868 .....	<b>6c</b>	
d	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>	
e	Backup withholding (see instructions) .....	<b>6e</b>	
f	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>	
g	Elective payment election amount from Form 3800 .....	<b>6g</b>	
h	Payment from Form 2439 .....	<b>6h</b>	
i	Credit from Form 4136 .....	<b>6i</b>	
j	Other (see instructions) .....	<b>6j</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>	
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <span style="float: right;"><b>Refunded</b></span>	<b>11</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		Yes No   <b>X</b>
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ..... If "Yes," see instructions for other forms the organization may have to file.		<b>X</b>
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 carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
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 carryover	
900000		\$ 19,400.	
		\$	
		\$	
		\$	
6 a	Reserved for future use .....		
b	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	PRESIDENT AND CEO	Title
	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	KAREN O. CRIM	KAREN O. CRIM	10/24/24	PTIN P00368385
	Firm's name RSM US LLP	Firm's address 6 S PATTERSON BLVD DAYTON, OH 45402		Firm's EIN 42-0714325
			Phone no. 937-298-0201	

Form **8868**  
(Rev. January 2024)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

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

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

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.

**Part I - Identification**

Type or Print	Name of exempt organization, employer, or other filer, see instructions. <b>THE TROY FOUNDATION</b>	Taxpayer identification number (TIN) <b>31-6018703</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>216 W FRANKLIN ST</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TROY, OH 45373-3234</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **06**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

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

Telephone No. **937-339-8935** Fax No. \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

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

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

Form **8868** (Rev. 1-2024)



SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

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

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

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

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

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question: 'Do the rules of section 263A... apply to the organization?' with Yes/No options.

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

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal property, real and personal property, and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions. Total amounts are shown as 0.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from or allocable to debt-financed property, deductions (straight line and other), amount of average acquisition debt, average adjusted basis, and total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions. Total amounts are shown as 0.

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

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
<b>Totals</b>				0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

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

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

**Part IX Advertising Income**

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

- A
- B
- C
- D

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

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

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

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 .....				
--	--	--	--	--

5 Readership costs .....				
--------------------------	--	--	--	--

6 Circulation income .....				
----------------------------	--	--	--	--

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....				
---	--	--	--	--

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
--	--	--	--	--

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 .....				0.
---	--	--	--	----

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 .....

**Part XI Supplemental Information** (see instructions)

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THE TROY FOUNDATION

31-6018703

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990-T SCH A                      POST-2017 NET OPERATING LOSS DEDUCTION                      STATEMENT 1

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

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

Your social security number

THE TROY FOUNDATION

31-6018703

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

Part II Income or Loss From Partnerships and S Corporations

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

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

Table with 6 columns: (a) Name, (b) Enter P for partnership, S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Row A: CEDAR FAIR, LP, P, 34-1560655.

Summary table for Part II with columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction, (k) Nonpassive income from Schedule K-1. Includes Totals and summary rows 30-32.

Part III Income or Loss From Estates and Trusts

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

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes Totals and summary rows 35-37.

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

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

Part V Summary

Summary table for Part V with columns: (a) Description, (b) Amount. Rows 40-43.

Form **8582**

Department of the Treasury  
Internal Revenue Service

# Passive Activity Loss Limitations

See separate instructions.  
Attach to Form 1040, 1040-SR, or 1041.  
Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

OMB No. 1545-1008

**2023**  
Attachment  
Sequence No. **858**

Name(s) shown on return <b>THE TROY FOUNDATION</b>	Identifying number <b>31-6018703</b>
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**Part I 2023 Passive Activity Loss**

**Caution:** Complete Parts IV and V before completing Part I.

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

<b>All Other Passive Activities</b>			
2a Activities with net income (enter the amount from Part V, column (a))	<b>2a</b>		
2b Activities with net loss (enter the amount from Part V, column (b))	<b>2b</b>	( 1,442. )	
2c Prior years' unallowed losses (enter the amount from Part V, column (c))	<b>2c</b>	( 11,699. )	
2d Combine lines 2a, 2b, and 2c	<b>2d</b>		-13,141.
3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	<b>3</b>		-13,141.

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

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

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

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

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

**Part III Total Losses Allowed**

10 Add the income, if any, on lines 1a and 2a and enter the total	<b>10</b>	
11 <b>Total losses allowed from all passive activities for 2023.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return <b>SEE STATEMENT 5</b>	<b>11</b>	0.

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.**

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

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2023)

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR PART V					
<b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c .....		-1,442.	-11,699.		

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

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

**Part VII Allocation of Unallowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SEE ATTACHED STATEMENT FOR PART VII				
<b>Total</b> .....		13,141.		13,141.

**Part VIII Allowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED STATEMENT FOR PART VIII				
<b>Total</b> .....		13,141.	13,141.	0.



**Part IX Activities With Losses Reported on Two or More Forms or Schedules.** See instructions.

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

THE TROY FOUNDATION

31-6018703

FORM 8582 OTHER PASSIVE ACTIVITIES - PART V STATEMENT 2

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
CEDAR FAIR, LP	0.	-1,442.	-11,699.		-13,141.
TOTALS	0.	-1,442.	-11,699.		-13,141.

FORM 8582 ALLOCATION OF UNALLOWED LOSSES - PART VII STATEMENT 3

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
CEDAR FAIR, LP	SCH E	13,141.	1.000000000	13,141.
TOTALS		13,141.	1.000000000	13,141.

FORM 8582 ALLOWED LOSSES - PART VIII STATEMENT 4

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
CEDAR FAIR, LP	SCH E	13,141.	13,141.	
TOTALS		13,141.	13,141.	

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 5

NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
CEDAR FAIR, LP	SCH E	-1,442.	-11,699.	-13,141.	13,141.	
TOTALS		-1,442.	-11,699.	-13,141.	13,141.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 11

THE TROY FOUNDATION

31-6018703

FORM 8582

ALTERNATIVE MINIMUM TAX  
OTHER PASSIVE ACTIVITIES - PART V

STATEMENT 6

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
CEDAR FAIR, LP	0.	-1,442.			-1,442.
TOTALS	0.	-1,442.			-1,442.

FORM 8582

ALTERNATIVE MINIMUM TAX  
ALLOCATION OF UNALLOWED LOSSES - PART VII

STATEMENT 7

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
CEDAR FAIR, LP	SCH E	1,442.	1.000000000	1,442.
TOTALS		1,442.	1.000000000	1,442.

FORM 8582

ALTERNATIVE MINIMUM TAX  
ALLOWED LOSSES - PART VIII

STATEMENT 8

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
CEDAR FAIR, LP	SCH E	1,442.	1,442.	
TOTALS		1,442.	1,442.	

THE TROY FOUNDATION

31-6018703

FORM 8582AMT

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 9

R R E A -	NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
	CEDAR FAIR, LP	SCH E	-1,442.		-1,442.	1,442.	
TOTALS			-1,442.		-1,442.	1,442.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582AMT, LINE 11