Form **990**

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

ΑF	or th	e 2023 calendar year, or tax year beginning and	ending		
B C a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre	THE TROY FOUNDATION			
	Name chang			31-60187	03
	Initial		Room/suite	E Telephone number	
	 Final	216 W FRANKLIN ST		937-339-	
	termi ated			G Gross receipts \$	26,870,453.
	Amer	ded TROY, OH 45373-3234		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer. MEDILODA REELID		for subordinates	? Yes X No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u>I</u> T	ax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) (or 🗌 527	If "No," attach a	list. See instructions
<u>J V</u>	Vebsi			H(c) Group exemption	
		f organization: Corporation X Trust Association Other	L Year	of formation: 1924 N	I State of legal domicile: OF
Pa	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO IN	MPROVE	THE QUALITY	COF LIFE
anc.		FOR OUR COMMUNITY BY CONNECTING DONORS TO			
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
Ň	3				12
8 0	4	Number of independent voting members of the governing body (Part VI, line 1b)		11	
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		6	
Activities	6	Total number of volunteers (estimate if necessary)		15	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
	_			Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		5,817,810.	8,124,445.
/eni	9	Program service revenue (Part VIII, line 2g)		0. 5,826,134.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			3,828,540.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		58,045. 11,701,989.	<u>11,434</u> . 11,964,419.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,475,924.	9,118,432.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,415,924.	<u> </u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		529,924.	549,081.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ens	ioa	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	• •
Ä	17			598,479.	628,467.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,604,327.	10,295,980.
	19	Revenue less expenses. Subtract line 18 from line 12		3,097,662.	1,668,439.
- Si	19		Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1	.23,423,524.	141,156,124.
Asse Bal	21	Total liabilities (Part X, line 26)		7,802,362.	8,654,812.
Net ,	22	Net assets or fund balances. Subtract line 21 from line 20		15,621,162.	132,501,312.
Pa	rt II	Signature Block	······	, •, _ • _ •	
		alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date				
Here	MELISSA KLEPTZ, PRESIDENT	AND CEO					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	KAREN O. CRIM	KAREN O. CRIM	10/24/24	self-employed P00368385			
Preparer	Firm's name RSM US LLP		Firm's	EIN 42-0714325			
Use Only	Firm's address 6 S PATTERSON BLV	D					
	DAYTON, OH 45402		Phone	no.937-298-0201			
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No			
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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 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.

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.

<u>must use</u>	Form 7004 to request an extension of time to file income	e tax retur	ns.					
<u>Part I - Id</u>	entification							
Type or								
Print	THE TROY FOUNDATION					8703		
File by the due date for filing your return. See	by the date for Number, street, and room or suite no. If a P.O. box, see instructions.							
instructions.	City, town or post office, state, and ZIP code. For a fo TROY , OH $45373 - 3234$	oreign addı	ress, see instructions.					
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)					
Applicati	on Is For	Return Code	Application Is For			Return Code		
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09		
	0 (individual)	03	Form 5227			10		
Form 990		04	Form 6069			11		
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12		
	-T (trust other than above)	06	Form 5330 (individual)			13		
	-T (corporation)	07	Form 5330 (other than individual)			14		
Form 104		08						
	u enter your Return Code, complete either Part II or Part	t III. Part II	including signature, is applicable o	nlv for an	extension of			
	e Form 5330.			,				
 If this a 	oplication is for an extension of time to file Form 5330, ye	ou must ei	nter the following information.					
	n Name		C C					
Pla	n Number							
Pla	n Year Ending (MM/DD/YYYY)							
Part II - Au	utomatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)					
	ooks are in the care of MELISSA KLEPTZ							
	216 W FRANKLIN ST	. – TR	OY, OH 45373-3234					
Teleph	one No. <u>937-339-8935</u>		Fax No.					
• If the c	organization does not have an office or place of business	in the Uni	ted States, check this box					
• If this i	s for a Group Return, enter the organization's four-digit C	Group Exe	mption Number (GEN) I	f this is fo	the whole gro	up, check this		
box[If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	all membe	ers the extension	on is for.		
1 Ire	quest an automatic 6-month extension of time until NC	OVEMBI	<u>ER 15</u> , 20 <u>24</u> , to file	e the exem	pt organizatior	ו return for		
the	organization named above. The extension is for the orga	anization's	return for:					
Х	calendar year 20 23 or							
] tax year beginning	, 20	, and ending			, 20		
2 If th	e tax year entered in line 1 is for less than 12 months, ch Change in accounting period	neck reaso	on: Initial return	Final retur	n			
3a lf th	is application is for Forms 990-PF, 990-T, 4720, or 6069,	enter the	tentative tax less					
	nonrefundable credits. See instructions.	, 51101 116		3a	\$	0.		
	is application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter anv	refundable credits and		*			
	mated tax payments made. Include any prior year overpa			3b	\$	0.		
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by					
usir	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.		

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

Form	990 (2023) THE TROY FOUNDATION	31-6018703 Page 2
Par	rt 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: <u>TO IMPROVE THE QUALITY OF LIFE FOR OUR COMMUNITY BY CO</u>	ONNECTING 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 service form one of the service form.	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ices? Yes X No
3	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 9,422,652. including grants of \$ 9,118,432.)	
	IN 2023, THE TROY FOUNDATION PROVIDED OVER 2,100 GRAN	
	ORGANIZATIONS PROVIDING SERVICES IN THE AREAS OF ARTS	-
	EDUCATION, HEALTH AND HUMAN SERVICES, SOCIAL SERVICES	-
	DEVELOPMENT, BEAUTIFICATION, PROTECTING WILDLIFE AND	
	AND EMERGENCY GRANTS TO ASSIST NON-PROFITS DURING THE	PANDEMIC.
4b	(Code:) (Expenses \$ including grants of \$)	
чы		(nevenue \$)
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.	· · · · · · · · · · · · · · · · · · ·
		Form 990 (2023)
332002	2 12-21-23	
	3	

Form 990 (2023) THE TROY FOUNDATION 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)?			1
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			I
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		v	1
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	•		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	1
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	1
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	1
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	40		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10		16		х
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		- 22
17		17		х
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	– "		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21	x	1
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2023.04030 THE TROY FOUNDATION

Form	990 (2023) THE TROY FOUNDATION 31-60)18703	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<u>24a</u> 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<u> </u>
U	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u> </u>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle	d		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X	
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<u>28b</u>		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00.	x	
00	"Yes," complete Schedule L, Part IV	<u>28c</u> 29	X	<u> </u>
29 20	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			<u> </u>
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1		х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<u>35b</u>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	1?		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 0	Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response or note to any line in this Part V	<u></u>	Var	
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	6	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c	x	
332004	↓ 12-21-23		990	(2023)
	5			

2023.04030 THE TROY FOUNDATION

Form	990 (2023) THE TROY FOUNDATION	31-6018	703	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	. ,			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		_X_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
			<u>6a</u>		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X	
			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		<u> </u>
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		X
9	Sponsoring organizations maintaining donor advised funds.				
			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b	-		
С	Enter the amount of reserves on hand	13c			
14a			14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				77
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.			0000	
332005	12-21-23		Form	990	(2023)

2023.04030 THE TROY FOUNDATION

Form	990 (2023) THE TROY FOUNDATION		31-6	01870	3	Pa	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and	for a "No	o" re	spon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			2	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc ⁻	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			🗋	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		ł		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5	5		X
6	Did the organization have members or stockholders?				5		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			7	а		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or				
	persons other than the governing body?			7	b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		Ū.			v	
a	The governing body?					X X	
b	Each committee with authority to act on behalf of the governing body?			8	b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	,		_ A
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?			10		165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				<i>.</i>		
~		•	, anniacoo,	10)b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			·····		х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		5				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	2a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				2b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es." d	escribe				
	on Schedule O how this was done	, ,		12	2c	Х	
13	Did the organization have a written whistleblower policy?			1	3	Х	
14	Did the organization have a written document retention and destruction policy?			1	4	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				ōa	Х	
b	Other officers or key employees of the organization			15	5b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen						37
	taxable entity during the year?			16	ba –		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				NL-		
Sec	exempt status with respect to such arrangements?			16	ad		
	List the states with which a copy of this Form 990 is required to be filed <u>OH</u>						
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 000	T (section 501	(0)(3)6 00		vailah	
10	for public inspection. Indicate how you made these available. Check all that apply.	13 330			,y) a	vanal	
	X Own website Another's website X Upon request Other (explain	on Sr	hedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	v. and fin	anci	al	

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

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Form **990** (2023)

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Form 990 (2023) THE TROY FOUNDATION	31-6018703	Page 7								
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 List all of the organization's current officers, directors, trustees (whether individuals or organization) 	5	,								

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both r/trus	n an	compensation	compensation	amount of
	week			luau	recio	i/irus	lee)	from	from related	other
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	nper		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	ln sti	Officer	Key	High	Former			
(1) MELISSA KLEPTZ	39.90									
PRESIDENT & CEO	0.10			Х				126,856.	0.	48,061.
(2) JOE DICKERSON	1.00									
CHAIR	0.10	Х		Х				0.	0.	0.
(3) WILLIAM J. FULKER	1.00									
SECRETARY GOV BD (NONVOTING)	0.10			Х				0.	0.	0.
(4) SUSAN BEHM	1.00									
GOV BD	0.10	Х						0.	0.	0.
(5) BRENT BLACK	1.00									
GOV BD	0.10	Х						0.	0.	0.
(6) DAVE FISHER	1.00									
GOV BD/TRUSTEES COMMITTEE	0.10	Х						0.	0.	0.
(7) TOM GIERE	1.00									
VICE CHAIR	0.10	Х						0.	0.	0.
(8) COLLEEN GILARDI	1.00									
GOV BD/DISTRIBUTION COMMITTEE	0.10	Х						0.	0.	0.
(9) KATHY KERBER	1.00									
GOV BD	0.10	Х						0.	0.	0.
(10) TOM KLEPTZ	1.00									
GOV BD/TRUSTEES COMMITTEE	0.10	Х						0.	0.	0.
(11) DOUG LINS	1.00									
GOV BD	0.10	Х						0.	0.	0.
(12) ED PURVIS	1.00									
GOV BD	0.10	Х						0.	0.	0.
(13) MAURICE SADLER	1.00									
GOV BD	0.10	Х						0.	0.	0.
(14) CRAIG WISE	1.00									
GOV BD	0.10	Х						0.	0.	0.
		L								
		L					L			
										— — — — — — — — — —

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Form 990 (2023)

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	E TROY									31-60)1870)3	Page 8
Part VII Section A. Officers, Dir	ectors, Trust		oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
(A) Name and title		(B) Average hours per week (list any hours for related organizations below	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (d) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			than o s both	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS 1099-NEC)	s c iC/	(F Estim amou oth comper from organiz and re organiz	ated Int of Per Insation the zation Plated
		line)	Indivi	Institu	Officer	Key er	Highe emplc	Former				- J	
	-												
	-												
	-												
	-												
1b Subtotal									126,856.		0.	48,	061.
c Total from continuation shee d Total (add lines 1b and 1c)									0. 126,856.		0.	48.	0.061.
2 Total number of individuals (ind										000 of reportable	-	/	
compensation from the organiz	zation											Ye	1 s No
3 Did the organization list any fo	ormer officer, o	director, trust	ee, k	key er	mple	oyee	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Sch												3	<u> </u>
4 For any individual listed on line and related organizations grea												4 X	2
5 Did any person listed on line 1	a receive or a	ccrue comper	Isati	on fro	om a	any	unre	late	ed organization or individ	dual for services			
rendered to the organization? Section B. Independent Contractor		olete Schedule	e J fo	or su	ch r	oerse	on .					5	X
1 Complete this table for your five											ensatior	n from	
the organization. Report comp	(A)	le caleridar ye	are	nuin	y wi				(B)			(C)	
Name a	and business a	address							Description of s	ervices	Corr	npensa	tion
910 WEST MAIN STRE	ET, TRO	Y, ОН 4	53	73					INVESTMENT M	ANAGER	2	258,	450.
								_					
								_					
2 Total number of independent of \$100,000 of componention from		•	ot lin	nited	to t	thos 1		ed	above) who received me	ore than			
\$100,000 of compensation fro	m me organiza	aliun				1	-				Fo	rm 99	0 (2023)

						FOUN	DATION			31-6018	703 Page 9
Ра	rt V	/111									
			Check if Schedule O	<u>conta</u>	<u>ains a re</u>	sponse	or note to any lin	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
50	1	2	Federated campaigns			a					30010113 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			a b					
D D D			Fundraising events			c	80,701.				
ifts, r Ai			Related organizations			d	, , , , , , , , , , , , , , , , , , , ,				
s, G			Government grants (conti			e					
Sir			All other contributions, gifts,		· -	-					
outi			similar amounts not included			f	8,043,744.				
d Of		g	Noncash contributions included in			g \$	3,746,274.				
Col		h	Total. Add lines 1a-1f					8,124,445.			
							Business Code				
e	2	а									
ervi		b									
n Se enu		С									
ran 3ev		d									
Program Service Revenue		е									
д.			All other program service								
			Total. Add lines 2a-2f								
	3		Investment income (inclue other similar amounts)	•				2,851,408.			2851408.
	4		Income from investment					2,001,100.			
	- 5		Royalties								
	5		noyanes			Real	(ii) Personal				
	6	а	Gross rents	6a		563.					
			Less: rental expenses	6b		0.					
		с	Rental income or (loss)	6c		563.					
		d	Net rental income or (loss	s)				563.			563.
	7	а	Gross amount from sales of		(i) Sec	urities	(ii) Other				
			assets other than inventory	7a	15,87	6,442.					
		b	Less: cost or other basis								
anı			and sales expenses		14,89						
evenue			Gain or (loss)			7,132.					
Я			Net gain or (loss)					977,132.			977,132.
Other	8	8 a Gross income from fundraising events (not including \$ 80,701. of contributions reported on line 1c). See									
			Part IV, line 18				17,595.				
		b					-				
			Net income or (loss) from			···· —		10,871.			10,871.
	9	а	Gross income from gamir	ng act	tivities. S	See					
			Part IV, line 19			9a					
		b									
		с	Net income or (loss) from	gami	ing activ	ities					
	10	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sales	s of inve	ntory .					
SI							Business Code				
eor	11										
Miscellaneous Revenue		b									<u> </u>
sce Bev		c c									
Mi			All other revenue								
	12		Total. Add lines 11a-11d Total revenue. See instruction					11,964,419.	0.	0,	3839974.
33200				0113				,201,119.			Form 990 (2023)
JJ200	J 12-	-21-	20								

2023.04030 THE TROY FOUNDATION

THE TROY FOUNDATION Form 990 (2023) 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).

Seci	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
Dou	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				•
	and domestic governments. See Part IV, line 21	8,269,372.	8,269,372.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	849,060.	849,060.		
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	174,917.		174,917.	
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	305,098.		305,098.	
8	Pension plan accruals and contributions (include				
Ŭ	section 401(k) and 403(b) employer contributions)	1,932.		1.932.	
9	Other employee benefits	1,932. 35,979.		1,932. 35,979.	
10	Payroll taxes	31,155.		31,155.	
11	Fees for services (nonemployees):	,			
	Management				
b					
с С	Accounting	38,610.		38,610.	
d					
u 0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	304,220.	304,220.		
י מ	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	2.537.		2.537.	
12	Advertising and promotion	2,537. 30,521.		2,537. 30,521.	
13	Office expenses	19,147.		19,147.	
14	Information technology	60,819.		60,819.	
15	Royalties				
16	Occupancy	7,521.		7,521.	
17		2,350.		2,350.	
18	Payments of travel or entertainment expenses	2,0000			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,385.		1,385.	
20	Interest	2,0001			
20	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,722.		2,722.	
23	Insurance	13,646.		13,646.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CLEANING & MAINTENANCE	66,546.		66,546.	
b	EVENTS	31,204.		31,204.	
- c	EQUIPMENT	18,546.		18,546.	
d	MEMBERSHIP DUES	16,050.		16,050.	
e	All other expenses	12,643.		12,643.	
25	Total functional expenses. Add lines 1 through 24e	10,295,980.	9,422,652.	873,328.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
33201	0 12-21-23		· · · · · · · · · · · · · · · · · · ·	•	Form 990 (2023)
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2023.04030 THE TROY FOUNDATION

	<u>990 (</u> rt X	2023) THE TROY FOUND Balance Sheet	ATIC	ON	31-6018703 Page 1			
		Check if Schedule O contains a response or not	e to an	/ line in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			1,085,462.	1	1,269,235.	
	2	Savings and temporary cash investments			4,191,261.	2	5,772,732.	
	3	Pledges and grants receivable, net			7,008.	3	6,108.	
	4	Accounts receivable, net				4	· · ·	
	5	Loans and other receivables from any current or				_		
		trustee, key employee, creator or founder, subsi						
		controlled entity or family member of any of the				5		
	6	Loans and other receivables from other disquali	-			-		
	_	under section 4958(f)(1)), and persons described				6		
s	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
As	9					9		
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	234,534.				
	b		10b	35,767.	501,863.	10c	198,767.	
	11	Investments - publicly traded securities			76,388,021.	11	82,357,899.	
	12	Investments - other securities. See Part IV, line 1		41,249,909.	12	51,551,383.		
	13	Investments - program-related. See Part IV, line	11			13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11				15		
	16	Total assets. Add lines 1 through 15 (must equ			123,423,524.	16	141,156,124.	
	17	Accounts payable and accrued expenses	9,863.	17	6,778.			
	18	Grants payable			18			
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21		
Se	22	Loans and other payables to any current or form						
ilitie		trustee, key employee, creator or founder, subst						
Liabilities		controlled entity or family member of any of thes				22		
-	23	Secured mortgages and notes payable to unrela				23		
	24	Unsecured notes and loans payable to unrelated				24		
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on lines	-		7 702 100	0.5	0 610 021	
		of Schedule D			7,792,499. 7,802,362.	25 26	8,648,034. 8,654,812.	
	26	Total liabilities. Add lines 17 through 25			7,002,302.	20	0,054,012.	
S		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck nere					
nce	27				22,449,724.	27	23,407,033.	
3ala	28	Net assets with donor restrictions	93,171,438.	28	109,094,279.			
Ыd Е	20	Organizations that do not follow FASB ASC 9	50,1,2,2,1000	20	1007001717070			
Fur		and complete lines 29 through 33.						
p	29	Capital stock or trust principal, or current funds				29		
ets	30	Paid-in or capital surplus, or land, building, or ec				30		
Ass	31	Retained earnings, endowment, accumulated in				31		
Net Assets or Fund Balances	32	Total net assets or fund balances			115,621,162.	32	132,501,312.	
~	33	Total liabilities and net assets/fund balances			123,423,524.	33	141,156,124.	
					•		Form 990 (2023)	

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 11,964,42 2 Total expenses (must equal Part IX, column (A), line 25) 2 10,295,98 3 Revenue less expenses. Subtract line 2 from line 1 3 1,668,42 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 115,621,16	80. 39. 62. 98.
1 Total revenue (must equal Part VIII, column (A), line 12) 1 11,964,42 2 Total expenses (must equal Part IX, column (A), line 25) 2 10,295,98 3 Revenue less expenses. Subtract line 2 from line 1 3 1,668,43	<u>19.</u> 80. 39. 62. 98.
1 Total revenue (must equal Part VIII, column (A), line 12) 1 11,964,42 2 Total expenses (must equal Part IX, column (A), line 25) 2 10,295,98 3 Revenue less expenses. Subtract line 2 from line 1 3 1,668,43	80. 39. 62. 98.
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1	80. 39. 62. 98.
3 Revenue less expenses. Subtract line 2 from line 1	<u>39.</u> 62. 98. 57.
	<u>62.</u> 98. 57.
A Net assets or fund balances at beginning of year (must equal Part X line 32 column (A))	98. 57.
$+$ Not association undividual deginining of year (must equal 1 at Λ , the 52, column (Λ)	57.
5 Net unrealized gains (losses) on investments 5 15,260,19	<u>57.</u> 30.
6 Donated services and use of facilities	57. 30.
7 Investment expenses 7	57. 30.
8 Prior period adjustments 8 -45,55	30.
9 Other changes in net assets or fund balances (explain on Schedule O) 9 -2,93	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	
column (B)) 10 132,501,32	12.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	X
Yes	No
1 Accounting method used to prepare the Form 990: 🔀 Cash 🗌 Accrual 🗌 Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
Separate basis X Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a	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)

Advanced to a stream with the construction of the stream of the biset information. Analysis of the organization Bane organ		IEDULE A n 990)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section									
Name of the organization THE TROY FOUNDATION The organization is not a private foundation because it is (for lines 1 through 12, check only one tox) A check, convection of durches, or association of churches described in section TO(b)(1)(A)(i), A school described in section TO(b)(1)(A)(ii), (Attach School ie (Form 1900)) A check or a coopenity through a sevice organization described in section TO(b)(1)(A)(ii), Enter the hespital's name, city, and state A medical research organization organization conjunction with a hospital described in section TO(b)(1)(A)(ii), Enter the hespital's name, city, and state. A medical research organization organization described in section TO(b)(1)(A)(iv). A medical research organization organization described in section TO(b)(1)(A)(iv). A norganization organization described in section TO(b)(1)(A)(v). A norganization described in section TO(b)(1)(A)(v). A community trut described in section TO(b)(1)(A)(v). A comparization described in section TO(b)(1)(A)(v). A community trut described in section TO(b)(1)(A)(v). A comparization described in section				At	ttach to Form 990 or Fo	rm 990-E	Ζ.			-			
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f Enter the number of supported organizations	•		0					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , pe				
(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) Yes No	f												
In your governing document? in your governing document? support (see instructions) organization (described on lines 1.10 above (see instructions)) in your governing document? support (see instructions) Yes No	g												
Organization above (see instructions)) Yes No Support (see instructions) Support (see instructions)			-	(ii) EIN		(iv) Is the orga in your governi	anization listed ing document?						
		organizatio			above (see instructions))	Yes	No	support (see ii	istructions)				
Image: Constraint of the second se													
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Sch		HE TROY F					.8703 Page 2
	rt II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and		
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I or	r if the organizatio	n failed to qualify u	nder Part III. If the	e organization
	fails to qualify under the tests	listed below, plea	se complete Part I	II.)			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6256073.	13178334.	9886786.	5817810.	8124445.	43263448.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6256073.	13178334.	9886786.	5817810.	8124445.	43263448.
5	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						10537406.
6	Public support. Subtract line 5 from line 4.						32726042.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4		13178334.	9886786.	5817810.		43263448.
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2210563.	2150961.	2270741.	2448463.	2851971.	11932699.
9	Net income from unrelated business			/			
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	·						
11	Total support. Add lines 7 through 10						55196147.
11 12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for th	`	/	fourth or fifth tax			
10	organization, check this box and stop						
Sec	ction C. Computation of Publi						·····
14	Public support percentage for 2023 (I			column (f))		14	59.29 %
15	Public support percentage from 2022						58.10 %
	33 1/3% support test - 2023. If the o						
100	stop here. The organization qualifies	•		•			
h	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17~	10% -facts-and-circumstances test						
178	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		-	
ь	10% -facts-and-circumstances test	•	•		•	7a and line 15 is	
μ Δ	more, and if the organization meets the	-					
	organization meets the facts-and-circl				• •		
10	•		•	. ,			······
10	Private foundation. If the organization	T UIU HOL CHECK a		a, 100, 178, 01 170	, oneok this box af		
						Scriedule A	(Form 990) 2023

 Schedule A (Form 990) 2023
 THE TROY FOUNDATION

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

THE TROY FOUNDATION

Se	(Complete only if you checked qualify under the tests listed b ction A. Public Support			organization failed	to qualify under F	Part II. If the organi	ization fails to
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(6) 2020	(0) 2021	(0) 2022	(e) 2023	
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
-	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513					-	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					-	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	ļ				-	
	Total. Add lines 1 through 5					-	
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b.						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		tion,
80	check this box and stop here						·····
	Public support percentage for 2023 (15	%
	Public support percentage from 2022 ction D. Computation of Invest					16	%
	Investment income percentage for 20					17	%
18	Investment income percentage from						%
198	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box at						L
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						·
	Private foundation. If the organization	on did not check a	00 n line 14, 19	a, or 19b, check th	nis box and see in		
3320	23 12-21-23		16			Schedule	A (Form 990) 2023
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THE TROY FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

Yes No

Schedule A (Form 990) 2023 Part IV Supporting Organizations

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

Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

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Sche	dule A (Form 990) 2023 THE TROY FOUNDATION	31-601	L870	3 Pa	age 5
Pa	t IV Supporting Organizations (continued)				
		-		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and				
	11c below, the governing body of a supported organization?		11a		
b	A family member of a person described on line 11a above?	L	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
	detail in Part VI.		11c		
Sec	tion B. Type I Supporting Organizations				
		r		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ficers,			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among				
~	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		1		
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		•		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		2		
Sec					
		ſ		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed				
800	the supported organization(s). tion D. All Type III Supporting Organizations		1		
Sec	uon D. An Type in Supporting Organizations				
		r		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a		2		
	significant voice in the organization's investment policies and in directing the use of the organization's				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				
	supported organizations played in this regard.		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	I			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.				
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental ent	ity (see ins	truction	<u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	r		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				
	those supported organizations and explain how these activities directly furthered their exempt purposes,				
	how the organization was responsive to those supported organizations, and how the organization determined				
	that these activities constituted substantially all of its activities.	L	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in				
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in				
	these activities but for the organization's involvement.		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.				
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		3b		

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Schedule A (Form 990) 2023

_	dule A (Form 990) 2023 THE TROY FOUNDATION	-		31-6018703 _{Pag}
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
_				/

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions. Add lines 1 through 6. 7 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) 1 Distribution Allocations (see instructions) 10 Excess Distributions Pre-2023 1 Distributable amount for 2023 from Section C, line 6 10	Current Year (iii) Distributable Amount for 2023
1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) 1 Distributable amount for 2023 from Section C, line 6 10 Line 8 10 10 10 Line 6 10 Line 8 amount for 2023 from Section C, line 6 1 Distrib	(iii) Distributable
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount for 2023 from Section C, line 6 9 1 Distributable amount for 2023 from Section C, line 6 9	Distributable
organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) 1 Distributable amount for 2023 from Section C, line 6 1 Distributable amount for 2023 from Section C, line 6 10	Distributable
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 1 Distributable amount for 2023 from Section C, line 6 10 1 Distributable amount for 2023 from Section C, line 6 10	Distributable
4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) Line 6 1 Distributable amount for 2023 from Section C, line 6 1 Distributable amount for 2023 from Section C, line 6 10	Distributable
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2023 1 Distributable amount for 2023 from Section C, line 6 10	Distributable
6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 Section E - Distribution Allocations (see instructions) (i) (ii) 1 Distributable amount for 2023 from Section C, line 6 10	Distributable
7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 Section E - Distribution Allocations (see instructions) (i) (ii) 1 Distributable amount for 2023 from Section C, line 6 9	Distributable
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2023 from Section C, line 6	Distributable
(provide details in Part VI). 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) (ii) 1 Distributable amount for 2023 from Section C, line 6 9	Distributable
9 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2023 from Section C, line 6	Distributable
10 Line 8 amount divided by line 9 amount 10 (i) Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2023 from Section C, line 6	Distributable
(i) (ii) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions Pre-2023 1 Distributable amount for 2023 from Section C, line 6 Image: Comparison of Comparison	Distributable
Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions 1 Distributable amount for 2023 from Section C, line 6	Distributable
2 Underdistributions, if any, for years prior to 2023 (reason-	
able cause required - explain in Part VI). 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 Total 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, explain in Part VI. See instructions.	
6 Remaining underdistributions for 2023. Subtract lines 3h	
and 4b from line 1. For result greater than zero, explain in	
Part VI. See instructions.	
7 Excess distributions carryover to 2024. 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	

Schedule A (Form 990) 2023

Park IV, Section I, lines 1, 2, 3b, 2c, 4d, 4c, 5c, 5d, 4e, 5e, 5d, 2d, 5e, 5d, 2d, 2d, 2d, 3d, add Park IV, Section E, lines 2, 5d, and 6d, 2d, 2d, 2d, 3d, add Park IV, Section T, lines 5, 5d, and 6d, and Park V, Section E, lines 2, 5d, and 6d. Also complete this part for sny additional information. (Beel instructions)	Schedule A	(Form 990) 2023			FOUNDATION			31-6018703	Page 8
21	Part VI	Supplemental Part IV, Section A, I line 1; Part IV, Sect Section D, lines 5, 6	ines 1, 2, 3b, 3c ion D, lines 2 an	, 4b, 4c, d 3; Part	5a, 6, 9a, 9b, 9c, 11a, IV, Section E, lines 1c	11b, and 11c; Pai , 2a, 2b, 3a, and 3	rt IV, Section B, lines [·] 8b; Part V, line 1; Part [·]	r 17b; Part III, line 12; 1 and 2; Part IV, Sectio V, Section B, line 1e; F	on C,
21		(See instructions.)							
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

31-6018703

THE	TROY	FOUNDATION
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Page **2**

THE TROY FOUNDATION

Employer identification number

31-6018703

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$740,060.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$613,266.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>339,950.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$296,029.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$ <u></u> \$	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

24 2023.04030 THE TROY FOUNDATION Schedule B (Form 990) (2023)

Name of organization

Employer identification number

THE TROY FOUNDATION

31-6018703

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$240,875.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-26		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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2023.04030 THE TROY FOUNDATION

25

	orm 990) (2023)			Page 3
Name of organi	ization		Employ	ver identification number
THE TROY	FOUNDATION		31	-6018703
Part II N	Ioncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
<u>2</u> <u>SE</u>	ECURITIES	-		
		\$210,4	24.	06/13/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
2	ECURITIES	_		
		\$402,8	42.	_10/18/23_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
5 <u>SE</u>	ECURITIES	_		
		\$296,0	29.	12/21/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
(a) No.	(b)	\$ (c)		(d)
from Part I	Description of noncash property given	FMV (or estimat (See instructions		Date received
		-		
323453 12-26-23		_ \$		Schedule B (Form 990) (2023)

2023.04030 THE TROY FOUNDATION

Schedule E	3 (Form 990) (2023)		Page
Name of or	rganization		Employer identification number
THE TH	ROY FOUNDATION		31-6018703
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	through (e) and the following line entry. For charitable, etc., contributions of \$1,000 or less to	n 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			_
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
(-) N-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	_
	Transferee's name, address, a		Relationship of transferor to transferee

Schedule B (Form 990) (2023)

27 2023.04030 THE TROY FOUNDATION

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	SCHEDULE D Form 990) Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,				OMB No. 1545-0047	
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10, A	, 11a, 11b, 11c, 11d, [.] ttach to Form 990.	11e, 11f, 12a, or 12b.		Open to Public
Interna	Revenue Service	Go to www.irs.gov/Form990	0 for instructions and	I the latest information.		Inspection
Nam	e of the organization	on THE TROY FOUNDATION	J			r identification number 31-6018703
Par	t I Organiza	ations Maintaining Donor Advised		Similar Funds or A		
		n answered "Yes" on Form 990, Part IV, line				
			(a) Donor advi	ised funds	(b) Funds ar	nd other accounts
1	Total number at er	nd of year		149		384
2		f contributions to (during year)		,272,122.		5,991,808.
3		f grants from (during year)		,526,777.		6,251,282.
4		t end of year		,120,872.		124,900,713.
5	-	on inform all donors and donor advisors in v	-			
~		n's property, subject to the organization's e				X Yes No
6	•	on inform all grantees, donors, and donor ac oses and not for the benefit of the donor or		•	2	
	impermissible priva				•	X Yes No
Par		ation Easements. Complete if the org	anization answered "	Yes" on Form 990, Part I	V, line 7.	
1		servation easements held by the organization			,	
		of land for public use (for example, recreat	· · · · ·	Preservation of a his	storically impo	ortant land area
	Protection o	f natural habitat	[Preservation of a ce	rtified historic	structure
	Preservation	of open space				
2	•	through 2d if the organization held a qualifi	ied conservation contr	ribution in the form of a c		
	day of the tax year					l at the End of the Tax Year
а		onservation easements				
b				-		
C		vation easements on a certified historic stru			2c	
a		vation easements included on line 2c acqui			2d	
3		ture listed in the National Register				ng the tax
Ŭ	year			in terminated by the orga	Inzation durin	ig the tax
4	-	where property subject to conservation eas	ement is located			
5		tion have a written policy regarding the peri		ection, handling of		
	violations, and enfo	orcement of the conservation easements it	holds?	-		Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, I	handling of violations,	and enforcing conservation	tion easement	ts during the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and	enforcing conservation e	easements du	ring the year
•					\ <i>(</i> :)	
8		vation easement reported on line 2d above	•			Yes No
9		(4)(B)(ii)? be how the organization reports conservation				
5	,	d include, if applicable, the text of the footn				s the
		ounting for conservation easements.				
Par	t III 🛛 Organiza	ations Maintaining Collections of	Art, Historical T	reasures, or Other	Similar As	sets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 958	8, not to report in its re	evenue statement and ba	alance sheet v	works
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education	on, or research in further	ance of public	0
	service, provide in	Part XIII the text of the footnote to its finan	icial statements that d	escribes these items.		
b	-	elected, as permitted under FASB ASC 958				
		sures, or other similar assets held for public	exhibition, education,	or research in furtheran	ce of public s	ervice,
	-	ng amounts relating to these items.			*	
		ded on Form 990, Part VIII, line 1				
2	. ,	ed in Form 990, Part X received or held works of art, historical trea		r assets for financial dair		
2	•	unts required to be reported under FASB A		•	, provide	
я	-	on Form 990, Part VIII, line 1	-		\$	
		Form 990, Part X				
		eduction Act Notice, see the Instructions				edule D (Form 990) 2023
	09-28-23	,				. ,
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2023.04030 THE TROY FOUNDATION

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Par	t III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or	Other	r Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that i	make si	gnificant ı	use of its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange prograr	n				
b	Scholarly research	е	Other						
с	Preservation for future generations								
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 of	r receive donations o	of art, historical treas	sures, or other	similar	assets		_	
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arrang		te if the organizatior	answered "Y	es" on l	Form 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	•						-	
	on Form 990, Part X?						L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
								Amount	
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
t	Ending balance					. 1 f		7	
	Did the organization include an amount on Fo					ity?	L	Yes	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if					<u></u>			
I UI		(a) Current year	(b) Prior year	(c) Two years	·		/ears back	(a) Four	years back
10	Designing of year balance	90,931,099.	94,321,031.	74,927			04,896.		684,785.
	Beginning of year balance	2,247,793.	180,860.	6,699			65,663.		872,828.
b	Contributions	8,527,631.	-2,184,330.	17,079			37,063.	,	014,205.
	Net investment earnings, gains, and losses	3,049,984.	400,068.	3,506			46,551.		484,822.
	Grants or scholarships	3,013,501.	100,000;	5,500	, , , , , , , , , , , , , , , , , , , ,	1,0	10,001.	- ,	101,022.
е	Other expenditures for facilities	179,327.							
f	and programs Administrative expenses	467,555.	986,394.	879	,279.	5	33,258.		482,100.
		98,009,657.	90,931,099.		-		27,813.		604,896.
g 2	End of year balance [Provide the estimated percentage of the curr			•	, •	, -		,	,
2 a	Board designated or quasi-endowment	16.0000	%	neiu as.					
h	Permanent endowment 24.0000	%							
c	Term endowment 60.0000								
Ū	The percentages on lines 2a, 2b, and 2c show	-							
3a	Are there endowment funds not in the posses		tion that are held ar	nd administere	d for th	е			
	organization by:	5						[Yes No
	(i) Unrelated organizations?							3a(i)	X
	(ii) Related organizations?							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the	organization's endow	wment funds.						
Par	t VI Land, Buildings, and Equipm	ent							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X,	line 10.			
	Description of property	(a) Cost or of basis (investm		or other (other)	• •	ccumulate preciation		(d) Book	value
1a	Land	193,7	710.					193	,710.
	Buildings								
	Leasehold improvements								
	Equipment		4	0,824.		35,7	67.	5	,057.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X. line 10c. column	<i>(</i> B))				198	,767.
	· · · · · · · · · · · · · · · · · · ·								

Schedule D (Form 990) 2023

332052 09-28-23

Part VII Investments - Other Securities	31-6018703 Page 3				
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-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)					
Fotal . (Col. (b) must equal Form 990, Part X, line 12, col. (B))	51,551,383.				
Part VIII Investments - Program Related.	51/551/5651				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))					
Part IX Other Assets					
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.			
Complete if the organization answered "Yes" ((a)	on Form 990, Part IV, line 1 Description	11d. See Form 990, Part X, line 15.	(b) Book value		
Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value		
Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value		
Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value		
Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value		
Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value		
Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value		
Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value		
Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value		
Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col	Description		(b) Book value		
Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col	Description				
Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities	Description				
Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (Description		5.		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) 1.	Description		5. (b) Book value		
Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes	Description		5. (b) Book value		
Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) AGENT LIABILITIES	Description		5. (b) Book value		
Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) AGENT LIABILITIES (3)	Description		5. (b) Book value		
Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) AGENT LIABILITIES (3) (4)	Description		5. (b) Book value		
Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) AGENT LIABILITIES (3) (4) (5)	Description		5. (b) Book value		
Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) AGENT LIABILITIES (3) (4) (5) (6)	Description		5. (b) Book value		
Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) AGENT LIABILITIES (3) (4) (5) (6) (7)	Description		5. (b) Book value 8 , 6 4 8 , 0 3 4 .		
Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) AGENT LIABILITIES (3) (4) (5) (6) (7) (8)	Description	11e or 11f. See Form 990, Part X, line 2	5. (b) Book value		

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Schedule D (Form 990) 2023

	dule D (Form 990) 2023 THE TROY FOUNDATION		31-6018703 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme		nue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	L.	
1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	. 2 b	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4 a	
b	Other (Describe in Part XIII.)	. 4b	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	. 2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	. 4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	<u></u>	
Pa	t XIII Supplemental Information		

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

PART V, LINE 4:

THE ORGANIZATION'S UNRESTRICTED 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.	
332054 09-28-23 Schedule D (Form 990) 20 31	023
11024 148922 7761308-7761308 2023.04030 THE TROY FOUNDATION 7761	13

Schedule D (Form 990) 2023 THE TROY FOUNDATION 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 D (Form 990) 2023

332055 09-28-23

12411024 148922 7761308-7761308

SCHEDULE G Supplemental Information Regarding Fundrais					ng or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990)	rm 990) 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	Attach to Form 990 or Form 990-EZ.							Open to Public		
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection		
Name of the organizationEmployerTHE TROY FOUNDATION31-60								entification number		
Part I Fundrais		Complete if the organization answe	red "V	es" or	Form 990 Part IV li	ine 1'				
	complete this part			03 01	11 onn 330, 1 art 10, 1		7. T OIII 330 E			
		ed funds through any of the followin								
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants										
c Phone solicitations g Special fundraising events										
d 🗌 In-person so	licitations			-						
•		or oral agreement with any individual	•	Ū		tees,				
		art VII) or entity in connection with pr riduals or entities (fundraisers) pursu			U U	ne fur	draiser is to b			
compensated at le	•	· / /		ugrooi				0		
			(iii)	Did		(v)	Amount paid			
(i) Name and addres or entity (fund		(ii) Activity		Did aiser ustody	(iv) Gross receipts	tò (c	fundraiser	(vi) Amount paid to (or retained by)		
or entity (lunc				trol of utions?	from activity		ted in col. (i)	organization		
				No	-					
						<u> </u>				
Total										
	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	egistration		
or licensing.										

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

31-6018703 Page 2 THE TROY FOUNDATION Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through BANQUET FISH FRY 4 col. (c)) (event type) (event type) (total number) Revenue 21,970. 35,949. 40,377. 98,296. 1 Gross receipts 21,037. 35,949. 23,715. 80,701. 2 Less: Contributions 933. 17,595. **3** Gross income (line 1 minus line 2) 16,662. 4 Cash prizes 5 Noncash prizes Direct Expenses 350. 350. 6 Rent/facility costs 1,238. 1,238. 7 Food and beverages 3,802 4,056. 254. 8 Entertainment 080. 1,080. 9 Other direct expenses 1. 6,724. **10** Direct expense summary. Add lines 4 through 9 in column (d) 10,871. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses **3** Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No **b** If "Yes," explain: Schedule G (Form 990) 2023 332082 09-13-23

Docusign Envelope ID: BF441941-7F6C-4866-AB34-0D914EF5056D

11 Does the organization conduct gaming activities with nonmembers?12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	31-6018703 Ра	-
	Yes	No
is the organization a grantor, beneficiary of trustee of a trust, of a member of a partnership of other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	9
b An outside facility		9
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor		
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 ar	nount	
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:		
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to 		
 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? 		No
 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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent 	in the	No
 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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year \$ 	in the	
 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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent 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) 	in the	
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 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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent 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) 	in the	Db,

Schedule G (Form 990) THE TROY FOUNDATION	31-6018703 Page 4
Schedule G (Form 990) THE TROY FOUNDATION Part IV Supplemental Information (continued)	
	Schedule G (Form 990)
332084 04-01-23	

SCHEDULE I	Grants and Other Assistance to Organizations,						OMB No. 1545-0047			
(Form 990)										
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.									Public ction
Name of the organization Employer ide THE TROY FOUNDATION 3										on number 18703
Part I General Ir	nformation on Grants a	nd Assistance								
criteria used to a	zation maintain records t award the grants or assis	stance?				•			X Yes	🗌 No
	IV the organization's pro					nization answard "W	(aall on Earm 000, Dar	+ IV/ line 21	for any	
	hat received more than \$	-				anization answered i	es on Form 990, Far	L IV, III C Z I,	IOF arry	
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of g or assistanc	
AFRICA ACCESS										
2204 QUINTON ROAD)									
SILVER SPRING, MD 20910		52-1689732	501(C)(3)	10,000.	0.			EDUCATIC	N	
ALZHEIMER'S DISEA										
DISORDERS ASSOCIATION - 225 NORTH										_
MICHIGAN AVENUE - CHICAGO, IL		12 2020501		F 505					DISORDER	
60601		13-3039601	501(C)(3)	5,587.	0.			MEDICAL	DISCIPLIN	ES
AMERICAN RED CROS OHIO CHAPTER - 37										
STREET - DAYTON,	OH 45402	53-0196605	501(C)(3)	10,225.	0.			SOCIAL S	ERVICES	
APPALACHIAN STATE ASU BOX 32005	UNIVERSITY	56-1176030		7 500					N	
BOONE, NC 28608		56-11/6030	NORTH CAROLINA	7,500.	0.			EDUCATIC	N	
APPLE GRANT CHARI ACCOUNT - 216 W F TROY, OH 45373		31-6018703	501(C)(3)	40,031.	0.			EDUCATIC	'n	
,				,				1		
ARBOGAST PERFORMI 500 SOUTH DORSET										
TROY, OH 45373		83-0889260	501(C)(3)	119,200.	0.			ARTS & C	ULTURE	
	per of section 501(c)(3) a	-	-	e line 1 table						171.
3 Enter total numb	per of other organization	s listed in the line	1 table							7.

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

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(a) Name and address of			(d) A mount of	(a) Amount of	(f) Mathad of	(a) Description of	(h) Durnage of grant
(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							
	31-6000733	MIAMI COUNTY	22,883.	0.			EDUCATION
TIPP CITY, OH 45371	31-0000733	MIAMI COUNTI	22,003.	0.			EDUCATION
BETHEL TOWNSHIP, MIAMI COUNTY							
8735 SOUTH SECOND STREET							PUBLIC SAFETY, DISASTER
TIPP CITY, OH 45371	31-0793283	MIAMI COUNTY	6,350.	0.			PREPAREDNESS AND RELIEF
BIG BROTHERS, BIG SISTERS OF THE	51-0795205	MIAMI COONII	0,550.	0.			FREFRREDRESS AND RELIEF
GREATER MIAMI VALLEY - 22 SOUTH							
JEFFERSON STREET - DAYTON, OH	21 0641206	E01(0)(2)	0.000	0			UUNAN GERVICES
45402	31-0641306	501(C)(3)	9,200.	0.			HUMAN SERVICES
BILL SEVERT MEMORIAL APPRENTICE							
FIREFIGHTER FUND - 216 W FRANKLIN							
	31-6018703	501(C)(3)	11,315.	0.			EDUCATION
ST - TROY, OH 45373	51-0010703	501(0)(5)	11,515.	0.			EDUCATION
BOWLING GREEN STATE UNIVERSITY							
OFFICE OF THE BURSAR							
	34-6007199	оніо	27 125	0.			EDUCATION
BOWLING GREEN, OH 43403-0100	34-0007199		37,125.	0.			EDUCATION
BRUKNER NATURE CENTER							
5995 HORSESHOE BEND ROAD							ANIMAL RELATED (WILDLIFE
	31-0732613	501(C)(3)	280 305	0.			PROTECTION/PRESERVATION)
ткоу, он 45373	JT-0/32013	501(C)(3)	289,395.	0.			FROIDCTION/ PRESERVATION)
BRUNNER LITERACY CENTER							
1995 SHILOH SPRINGS ROAD							
DAYTON, OH 45426	45-2407008	501(C)(3)	7,000.	0.			EDUCATION

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CANINE COMPANIONS FOR INDEPENDENCE							
8150 CLARCONA OCOCE RD.							ANIMAL RELATED (WILDLIFE
ORLANDO, FL 32818	94-2494324	501(C)(3)	31,000.	0.			PROTECTION/PRESERVATION)
CASA/GAL OF MIAMI COUNTY, INC.							
405 PUBLIC SQUARE							
ткоу, он 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.	Ο.			EDUCATION
	20 /01/010						
CITY OF TIPP CITY, OHIO							
260 SOUTH GARBER DRIVE							COMMUNITY AND ECONOMIC
TIPP CITY, OH 45371	31-0792424	TIPP CITY	16,448.	0.			DEVELOPMENT
CITY OF TROY, OHIO							
100 SOUTH MARKET STREET							
TROY, OH 45373	31-6000549	TROY	28,116.	Ο.			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		F01(C)(2)	10.000	_			UINAN CEDUICEC
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.	Ο.			YOUTH DEVELOPMENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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	34-4429863	501(C)(3)	16 299	0.			
SIDNEY, OH 45365	34-4429863	501(C)(3)	16,288.	υ.			HEALTH & HUMAN SERVICES
DOWNTOWN TIPP CITY PARTNERSHIP							
6 SOUTH THIRD STREET							COMMUNITY AND ECONOMIC
TIPP CITY, OH 45371	26-0530154	501(C)(3)	14,838.	0.			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	оніо	5,490.	0.			EDUCATION
FAMILIES A FAMILIES INC							
FAMILIES 4 FAMILIES, INC. 3915 HARRISON ROAD							
LOGANVILLE, GA 30052	81-4150247	501(C)(3)	10,000.	0.			HUMAN SERVICES
	01 113021/		10,000.				
F. J. STALLO PUBLIC LIBRARY							
196 EAST 4TH STREET							
MINSTER, OH 45865	34-1788090	MINSTER	8,000.	0.			EDUCATION

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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							RELIGIOUS/SPIRITUAL
TROY, OH 45373	31-6007357	501(C)(3)	12,500.	0.			DEVELOPMENT
FIRST PLACE FOOD PANTRY, INC.							
PO BOX 81							FOOD SERVICE, FREE FOOD
TROY, OH 45373	47-0994740	501(C)(3)	69,200.	0.			DISTRIBUTION PROGRAM
1101, 01 100,0	1, 0551,10	501(0)(5)		••			
FIRST PRESBYTERIAN CHURCH							
20 SOUTH WALNUT STREET							RELIGIOUS/SPIRITUAL
TROY, OH 45373	31-0549049	501(C)(3)	27,952.	0.			DEVELOPMENT
FIRST UNITED CHURCH OF CHRIST							
120 SOUTH MARKET STREET							RELIGIOUS/SPIRITUAL
TROY, OH 45373	13-1957221	501(C)(3)	173,706.	0.			DEVELOPMENT
FIRST UNITED METHODIST CHURCH							
110 WEST FRANKLIN STREET							
TROY, OH 45373	31-0543279	501(C)(3)	94,931.	0.			GENERAL SUPPORT
	1					1	
FISH OF TROY, INC.							
PO BOX 764							
TROY, ОН 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							ARTS, CULTURE AND
TROY, OH 45373	31-1081395	501(C)(3)	60,189.	0.			HUMANITIES

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	Ι
(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 -							MENTAL HEALTH, CRISIS
DAYTON, OH 45402	31-0537112	501(C)(3)	10,000.	0.			INTERVENTION
GRACE BAPTIST CHURCH							
1400 NORTH MARKET STREET							RELIGIOUS/SPIRITUAL
TROY, OH 45373		501(C)(3)	7,288.	0.			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							EMERGENCY ASSISTANCE
KAHULUI, HI 96732	99-0261283	501(C)(3)	10,000.	0.			(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 -							
ткоу, он 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

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Part II Continuation of Grants and Oth	er Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENT STATE UNIVERSITY							
BURSAR'S OFFICE							
KENT, OH 44242	31-6402079	оніо	12,000.	٥.			EDUCATION
KIDS READ NOW, INC.							
55 MARYBILL DR. S.							
TROY, OH 45373	45-3504550	501(C)(3)	10,000.	٥.			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.	21.000000	F01 (g) (2)	10.000				
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.	٥.			EDUCATION
LEHMAN CATHOLIC HIGH SCHOOL							
2400 ST. MARYS AVENUE							
SIDNEY, OH 45365	34-1055864	501(C)(3)	77,267.	٥.			EDUCATION
LIBERTY UNIVERSITY							
FINANCIAL AID OFFICE							
LYNCHBURG, VA 24515	54-0946734	501(C)(3)	19,100.	0.			EDUCATION
LINCOLN COMMUNITY CENTER							
110 ASH STREET							
тгоу, он 45373	31-0584315	501(C)(3)	396,154.	٥.			RECREATIONAL
MAPLE TREE CANCER ALLIANCE							
425 N. FINDLAY ST.	07 411000	E01(0)(2)		_			
DAYTON, OH 45404	27-4113397	501(C)(3)	7,500.	0.			HEALTH

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MIAMI COUNTY AGRICULTURAL SOCIETY							
650 NORTH COUNTY ROAD 25A							
ткоу, он 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							
ткоу, он 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							PUBLIC SAFETY, DISASTER
45373	83-2997721	501(C)(3)	8,776.	0.			PREPAREDNESS AND RELIEF
MIAMI COUNTY JUNIOR FAIR							
650 NORTH COUNTY ROAD 25A	21 0510071	F01 (g) (2)	0.000	0			
TROY, OH 45373	31-0512071	501(C)(3)	9,606.	0.			YOUTH DEVELOPMENT
MIAMI COUNTY LOCAL FOOD COUNCIL							
PO BOX 334							COMMUNITY AND ECONOMIC
TROY, OH 45373	81-3339080	501(C)(3)	10,875.	0.			DEVELOPMENT
MIAMI COUNTY PARK DISTRICT							
2645 EAST STATE ROUTE 41	31-6000055	E01(0)(2)	10 500	0.			
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.	٥.			HEALTH & HUMAN SERVICES
MIAMI COUNTY VISITORS AND							
CONVENTION BUREAU - 405 PUBLIC							COMMUNITY AND ECONOMIC
SQUARE SOUTHWEST - TROY, OH 45373	31-1315269	501(C)(3)	13,000.	0.			DEVELOPMENT

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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							
	31-6007688	MIAMI COUNTY	8,247.	0.			RECREATIONAL
CASSTOWN, OH 45312	31-0007088	MIAMI COUNTY	0,247.	0.			RECREATIONAL
MIAMI UNIVERSITY							
OFFICE OF THE BURSAR							
OXFORD, OH 45056	31-6402089	оніо	22,400.	0.			EDUCATION
	51 0102005						
MIAMI VALLEY COUNCIL BOY SCOUTS OF							
AMERICA - 7285 POE AVENUE -							
DAYTON, OH 45414	31-0537124	501(C)(3)	8,854.	0.			HUMAN SERVICES
	51 0557124	501(0/(5/	0,034.	••			IOMAN SERVICES
MIAMI VALLEY VETERANS MUSEUM							
2245 SOUTH COUNTY ROAD 25A							
TROY, OH 45373	27-2517593	501(C)(3)	62,050.	0.			EDUCATION
	27 2027020						
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							RELIGIOUS/SPIRITUAL
PIQUA, OH 45356			113,000.	0.			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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW CREATION COUNSELING CENTER							
7695 SOUTH COUNTY ROAD 25A							MENTAL HEALTH, CRISIS
TIPP CITY, OH 45371	31-1409864	501(C)(3)	30,000.	0.			, INTERVENTION
OHIO COUNCIL OF DELIBERATION			, .				
SCHOLARSHIP FUND - DEPUTY OF THE							
ORIENT OF OHIO - CINCINNATI, OH							
45213-2023	32-0247237	501(C)(3)	38,524.	٥.			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	ОНІО	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
OUD DADM CANCELLADY							
OUR FARM SANCTUARY 6495 AGENBROAD ROAD							ANIMAL RELATED (WILDLIFE
	83-2712332	501(C)(3)	57,000.	0.			
TIPP CITY, OH 45371	05-2712332	501(0)(5)	57,000.	0.			PROTECTION/PRESERVATION)
OVERFIELD TAVERN MUSEUM							
201 EAST WATER STREET							ARTS, CULTURE AND
TROY, OH 45373	31-1337433	501(C)(3)	147,130.	0.			HUMANITIES

THE TROY FOUNDATION

Schedule I (Form 990) THE TROY							1-6018703 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS IN HOPE, INC.							
180 EAST RACE STREET							
TROY, OH 45373-3567	31-1305869	501(C)(3)	64,456.	٥.			SOCIAL SERVICES
PINK RIBBON GOOD							
350 HULS DRIVE							
CLAYTON, OH 45315	32-0020270	501(C)(3)	145,300.	٥.			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.	٥.			EDUCATION
READING FOR CHANGE							
105 SOUTH MARKET STREET	47 4042215	F01(a)(2)	10.242				
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
- 45556-6219	23-7202001	501(0)(3)	24,559.	0.			HEALIN & HOMAN SERVICES
RICHARDS CHAPEL UNITED METHODIST							
CHURCH - 831 MCKAIG AVENUE - TROY,							RELIGIOUS/SPIRITUAL
ОН 45373	31-1107067	501(C)(3)	132,808.	0.			DEVELOPMENT
ROBINSON RESERVE AT DUKE PARK							
216 W FRANKLIN STREET							COMMUNITY AND ECONOMIC
TROY, OH 45373	31-6018703	501(C)(3)	200,000.	0.			DEVELOPMENT
RONALD MCDONALD HOUSE CHARITIES							
DAYTON - 555 VALLEY STREET -							
DAYTON, OH 45404	31-0964793	501(C)(3)	7,000.	0.			HEALTH & HUMAN SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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							PHILANTHROPY,
1958 SUMMIT PARK DRIVE				_			VOLUNTARISM, AND
ORLANDO, FL 32810	31-1640316	501(C)(3)	161,571.	0.			GRANTMAKING
SPECIAL OLYMPICS OHIO							
921 EASTWIND DRIVE	51 0100460	501 (2) (2)					
WESTERVILLE, OH 43081	51-0183468	501(C)(3)	8,286.	0.			RECREATIONAL
ST. BONIFACE CHURCH							
310 STREET DOWNING STREET							RELIGIOUS/SPIRITUAL
PIQUA, OH 45356	31-0561491	501(C)(3)	8,800.	0.			DEVELOPMENT
1100A, 011 45550	51 0501451	501(0/(5/	0,000.	0.			DEVELOPMENT
ST. JOHN UNITED CHURCH OF CHRIST							
130 SOUTH WALNUT STREET							RELIGIOUS/SPIRITUAL
TROY, OH 45373	13-1957221	501(C)(3)	13,457.	0.			DEVELOPMENT
ST. PATRICK CATHOLIC CHURCH							
409 EAST MAIN STREET							RELIGIOUS/SPIRITUAL
TROY, OH 45373	31-0604619	501(C)(3)	109,680.	0.			DEVELOPMENT
				· ·			
ST. PATRICK SOUP KITCHEN							
25 NORTH MULBERRY STREET							FOOD SERVICE, FREE FOO
TROY, OH 45373	30-0391714	501(C)(3)	19,900.	0.			DISTRIBUTION PROGRAM

THE TROY FOUNDATION

						81-6018703 Page
Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	rt II.) T	I
(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
34-4469953	501(C)(3)	7,660.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
31-1011485	501(C)(3)	10 230	0			SOCIAL SERVICES
			••			
31-6018703	501(C)(3)	171,895.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
35-0868181	501(C)(3)	7,700.	0.			GENERAL SUPPORT
31-1305635	501(C)(3)	41,900.	0.			HUMAN SERVICES
45-2470867	501(C)(3)	5,500.	0.			RELIGIOUS/SPIRITUAL DEVELOPMENT
21 1270701	E01(C)(2)	10.225	0			EDUCATION
21-13/2/81	501(C)(3)	10,325.	0.			EDUCATION
31-1655688	501(C)(3)	34,603.	0.			EDUCATION
		15 000	0			PROGRAM EXPENSE
	Assistance to Do (b) EIN 34-4469953 31-1011485 31-0018703 31-0018703 31-0018703 31-0018703 31-0018703 31-0018703 31-0018703 31-0018703 31-1305635 45-2470867 31-1379781	(b) EIN (c) IRC section if applicable 34-4469953 501(C)(3) 31-1011485 501(C)(3) 31-6018703 501(C)(3) 31-6018703 501(C)(3) 35-0868181 501(C)(3) 31-1305635 501(C)(3) 45-2470867 501(C)(3) 31-1379781 501(C)(3)	Assistance to Domestic Organizations and Domestic Go (b) EIN (c) IRC section if applicable (d) Amount of cash grant 34-4469953 501(C)(3) 7,660. 31-1011485 501(C)(3) 10,230. 31-6018703 501(C)(3) 171,895. 35-0868181 501(C)(3) 7,700. 31-1305635 501(C)(3) 41,900. 45-2470867 501(C)(3) 5,500. 31-1379781 501(C)(3) 10,325.	Assistance to Domestic Organizations and Domestic Governments (Schwinger Generation if applicable (d) Amount of cash grant (e) Amount of noncash assistance 34-4469953 501(C) (3) 7,660. 0. 31-1011485 501(C) (3) 10,230. 0. 31-6018703 501(C) (3) 171,895. 0. 35-0868181 501(C) (3) 7,700. 0. 31-1305635 501(C) (3) 41,900. 0. 31-1305635 501(C) (3) 10,325. 0. 31-1379781 501(C) (3) 10,325. 0. 31-1655688 501(C) (3) 34,603. 0.	Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Pa (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) 34-4469953 501(C)(3) 7,660. 0. 31-1011485 501(C)(3) 10,230. 0. 31-6018703 501(C)(3) 171,895. 0. 31-1011485 501(C)(3) 7,700. 0. 31-6018703 501(C)(3) 7,700. 0. 31-1305635 501(C)(3) 41,900. 0. 45-2470867 501(C)(3) 10,325. 0. 31-1379781 501(C)(3) 34,603. 0.	Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section (r applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (bo K,FWV, appraisal, other) (g) Description of noncash assistance 34 - 4469953 501(C) (3) 7,660. 0.

THE TROY FOUNDATION Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE 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
	55-0242052	501(C)(3)	11,098.	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 SERVICE
THE OHIO STATE UNIVERSITY							
EXTERNAL SCHOLARSHIPS							
COLUMBUS, OH 43218-3248	31-6025986	оніо	116,950.	0.			EDUCATION
THE OVERFIELD SCHOOL 172 SOUTH RIDGE AVENUE							
TROY, OH 45373	31-1088546	501(C)(3)	301,304.	0.			EDUCATION
	01 1000010						
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							MENTAL HEALTH, CRISIS
COLUMBUS, OH 43215	84-2864810	501(C)(3)	10,050.	0.			INTERVENTION

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	I
(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	31-6000055	MTAMT COUNTRY	100.000	0			MENTAL HEALTH, CRISIS
ROAD 25A - TROY, OH 45373	31-0000022	MIAMI COUNTY	100,000.	0.			INTERVENTION
TROY CHRISTIAN SCHOOLS INC							
700 SOUTH DORSET ROAD							
ткоу, он 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

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
TROY CITY SKATEPARK UNITE							
522 SOUTH MARKET STREET							
ткоу, он 45373	93-2139843	501(C)(3)	17,700.	0.			RECREATIONAL
TROY COMMUNITY FM - POWER 107.1							
WTJN - 315 SOUTH PUBLIC SQUARE -	25 2494745	E01(0)(2)	66.000	0			
ткоу, он 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
1101, 01 45575	30 3730470	501(0)(3)	23,000.				
TROY MAIN STREET, INC.							
405 SOUTHWEST PUBLIC SQUARE							COMMUNITY AND ECONOMIC
ткоу, он 45373	31-1301818	501(C)(3)	25,701.	0.			DEVELOPMENT
MDON DEODERMION ACCOUNTON							
TROY RECREATION ASSOCIATION							
11 NORTH MARKET STREET	21 0570670	E01(0)(2)	67.004	•			UUWAN GEDUTGEG
ткоу, он 45373	31-0579679	501(C)(3)	67,994.	0.			HUMAN SERVICES
TROY SENIOR CITIZENS CENTER							
134 NORTH MARKET STREET							COMMUNITY AND ECONOMIC
тгоу, он 45373	31-6057839	501(C)(3)	22,799.	0.			DEVELOPMENT
	1	1					
TROY SKATE CHURCH							
PO BOX 935							COMMUNITY AND ECONOMIC
TROY, OH 45373	87-1166455	501(C)(3)	10,000.	Ο.			DEVELOPMENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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
JNITED 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	оніо	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
JNIVERSITY 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

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
JPPER 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
RETTERING, ON 45429	51-1255721	501(0)(3)	5,124.	0.			TOOTH 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							RELIGIOUS/SPIRITUAL
BOULEVARD - WORTHINGTON, OH 43085	31-4420544	501(C)(3)	115,573.	0.			DEVELOPMENT
WESTSIDE NEIGHBORHOOD SCHOOL							
5401 BEETHOVEN STREET		501(0)(0)	15.000				
LOS ANGELES, CA 90066	95-3551091	5U1(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

THE TROY FOUNDATION Schedule I (Form 990)

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RIGHT STATE UNIVERSITY FFICE OF THE BURSAR 055 STUDENT UN AYTON, OH 45435 RIGHT STATE UNIVERSITY FOUNDATION 640 COLONEL GLEN HIGHWAY AYTON, OH 45435 AVIER UNIVERSITY	31-0732831	OHIO 501(C)(3)	40,000.	0.		EDUCATION
FFICE OF THE BURSAR 055 STUDENT UN AYTON, OH 45435 RIGHT STATE UNIVERSITY FOUNDATION 640 COLONEL GLEN HIGHWAY AYTON, OH 45435	31-0732831			0.		EDUCATION
AYTON, OH 45435 RIGHT STATE UNIVERSITY FOUNDATION 640 COLONEL GLEN HIGHWAY AYTON, OH 45435	31-0732831			0.		EDUCATION
640 COLONEL GLEN HIGHWAY AYTON, OH 45435	23-7019799	501(C)(3)	18,105.			
640 COLONEL GLEN HIGHWAY AYTON, OH 45435	23-7019799	501(C)(3)	18,105.			
AYTON, OH 45435	23-7019799	501(C)(3)	18,105.			
AVIER UNIVERSITY				0.		EDUCATION
AVIER UNIVERSITY						
	1					
URSAR'S OFFICE	21 0527516	E01(0)(2)	C 005	_		EDUGARTON
INCINNATI, OH 45207	31-0537516	501(C)(3)	6,985.	0.		EDUCATION
ELLOWSTONE TO YUKON CONSERVATION						
NITIATIVE FOUNDATION - PO BOX 157						
BOZEMAN, MT 59771	81-0535303	501(C)(3)	8,890.	0.		ENVIRONMENT
,			.,			

Schedule (Form 990) 2023 THE TROY FOUND					31-6018703	Pag
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answe	ered "Yes" on Form §	990, Part IV, line 22.		
(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 as	sistance
DMINISTRATIVE EXPENSE	14	6,303.	0.			
CHOLARSHIP	528	842,107.	0.			
OURNALISM	1	650.	0.			
Part IV Supplemental Information. Provide the information re	quired in Part I, lir	ie 2; Part III, column	(b); and any other ad	dditional information.		
PART I, LINE 2:						
THE FOUNDATION REQUIRES GRANTEES 1	O PROVIDE	A NARRATI	IVE TO BE C	OMPLETED		
AFTER NINETY DAYS OF THE RECEIPT C	F GRANT F	UNDING. 1	THE NARRATI	VE PROVIDES		
NFORMATION PERTAINING TO THE USE	OF THE GF	RANT AND PF	ROVIDES 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.

Docusign Envelope ID: BF441941-7F6C-4866-AB34-0D914EF5056D

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		ົງດ	00	
-	-	Compensated Employees		20	ZJ)
Dopo	tmont of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	1		identificatio		mber
		THE TROY FOUNDATION	31-6	501870	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
	·	ompensation consultant				
	Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
а	•			4a		x
		e payment or change-of-control payment? eive payment from a supplemental nonqualified retirement plan?				X
	•					X
U	•	erve payment from an equity-based compensation arrangement?				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the re					
а	•			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed o	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
	contingent on the n	et earnings of:				
а	The organization?	-		6a		X
		ation?				X
		r 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?	<u></u>	9		
For		on Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990)) 2023

LHA 332111 11-06-23

12411024 148922 7761308-7761308

THE TROY FOUNDATION 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.

31-6018703

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

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

Schedule J (Form 990) 2023

Page 2

Schedule J (Form 990) 2023	THE TROY FOUNDATION	
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Part III Supplemental Information

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

SCHEDULE L		Transa	ctior	ıs V	Vith	Inte	erested	P	ersons			ON	/IB No. ⁻	545-004	17
(Form 990)		ne organizati	on ansv	vered	"Yes"	on For		V, I	ine 25a, 25b, 26	, 27, 2	8a,		2	02	3
Department of the Treasury Internal Revenue Service	Go t	o www.irs.go					orm 990-EZ. s and the lat	est	information.				pen to spect		ic
Name of the organization	า									Em	oloyer	identi	ificati	on nu	mber
	THE TRO	OY FOUN	DATI	ON						31	-60	187	03		
Part I Excess E	Benefit Trans	actions (se	ection 50	01(c)(3), secti	on 501	(c)(4), and sec	ctio	n 501(c)(29) orga	nizatio	ns on	ly)			
Complete if	the organization	answered "Y	es" on I	Form 9	990, Pa	ırt IV, lir	ne 25a or 25b	; or	Form 990-EZ, P	art V, I	ine 40	b.			
1 (a) Name of disquali	fied person	(b) Relations perso	hip betv n and or			ified	(0	;) D	escription of trar	sactio	n			Corre	cted? No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
2 Enter the amount of	f tax incurred by	the organizati	on man	agers	or disc	ualified	l persons duri	ing	the year under						
section 4958											. \$				
3 Enter the amount o															
Part II Loans to	and/or From	n Intereste	d Pers	sons											
Complete if	the organization	answered "Y	es" on l	Form 9	90-EZ	Part V	, line 38a, or I	Forr	n 990, Part IV, li	ne 26;	or if th	ne orga	inizati	on	
reported an	amount on Form	n 990, Part X,	line 5, 6	6, or 22	2.										
(a) Name of	(b) Relatior					f) Balance due	C (9)"'			(h) Approved by board or					
interested person	with organiz	zation of I	oan		zation?	princi	pal amount			defa	ult?	comm		agree	ment?
				То	From					Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
Total					<u></u>	<u></u>	\$								
Part III Grants o	r Assistance	Benefiting	j Inter	ested	d Per	sons									
Complete if	the organization	answered "Y	es" on I	Form 9	990, Pa	rt IV, lir	ne 27.								
(a) Name of interes	sted person		ionship ted pers organiza	son an		•) Amount of assistance		(d) Type assistar			• •) Purp assista		:
(1) NATHAN KL	ETPZ	SON OF	PRE	s/c	EO		3 44	9.	GRANT TO	ST	uph	RAN	тт	0 5	סטד
(2)				0,0			0/11			<u> </u>				<u> </u>	102
(3)									1						
(4)															
(4) (5)									1						
		+													
(6)															
(7)															
(8)															
(9)															
(10)		1													

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

LHA 332131 11-06-23

Schedule L (Form 990) 2023 THE TROY FOUNDATION 31-601										
Schedule L (Form 990) 2023 THE TROY FOUNDATION 31-6018703 Pa Part IV Business Transactions Involving Interested Persons 31-6018703 Pa										
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, 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		Х					
(2)										
			1							

_(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 L (Form 990) 2023

332132 11-30-23

OMB No. 1545-0047

. Inspection

ſ ZU **Open to Public**

Employer identification number

31-6018703

23

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

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

THE TROY FOUNDATION

Par	τI	Types of Property								
			(a)	(b)	(c)	.,		(d)		
			Check if	Number of contributions or	Noncash contri amounts repor			nod of deterr	•	
			applicable		Form 990, Part VI		noncash	contributior	amoun	:S
1	Art - V	/orks of art			,	, 0				
2										
2										
		ractional interests								
4		and publications								
5		ng and household goods								
6		and other vehicles								
7		and planes								
8		ctual property			1					
9		ities - Publicly traded	X	43	1,908	,216.	FMV AT	TRANSF	ER	
10	Secur	ities - Closely held stock								
11	Secur	ities - Partnership, LLC, or								
	trust i	nterests								
12	Secur	ities - Miscellaneous								
13		ed conservation contribution -								
	Histor	ic structures								
14	Qualif	ed conservation contribution - Other								
15		state - Residential								
16		state - Commercial								
17		state - Other								
18		tibles								
19 00		nventory								
20		and medical supplies								
21		ermy								
22		ical artifacts								
23		ific specimens								
24	Arche	ological artifacts								
25	Other	()								
26	Other	()								
27	Other	()								
28	Other									
29	Numb	er of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions					
		ich the organization completed Form 828	-			29			0	
			,,-	y					Yes	No
30a	During	the year, did the organization receive by	contributio	n any property rep	orted in Part I line	s 1 throug	h 28 that it			
000		hold for at least 3 years from the date of								
		•		-	·			30		x
		ot purposes for the entire holding period?	· · · · · · · · · · · · · · · · · · ·					<u>s</u> t		
		s," describe the arrangement in Part II.				الريماني المرجم م	:0		. v	
31		the organization have a gift acceptance p					ions?	3	1 X	<u> </u>
32a		the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell	noncash				
		outions?							a X	-
b		s," describe in Part II.								
33	If the	organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column	(a) is cheo	cked,			
	descri	be in Part II.								
For P	aperw	ork Reduction Act Notice, see the Inst	ructions for	Form 990.			Sc	hedule M (F	orm 990) 2023

ŀ

LHA 332141 09-11-23

12411024 148922 7761308-7761308

THE TROY FOUNDATION 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 M (Form 990) 2023

12411024 148922 7761308-7761308

332142 09-11-23

Page 2

31-6018703

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Open to Public Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization THE TROY FOUNDATION 31-6018703

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

GROWING A GREATER TOMORROW.

FORM 990, PART 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

THE RETURN IS SENT TO THE BOARD MEMBERS PRIOR TO FILING. REVIEW,

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

THE TROY FOUNDATION'S GOVERNING BOARD EACH YEAR AT ITS ANNUAL MEETING, 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

332211 11-14-23

12411024 148922 7761308-7761308

LHA

Schedule O (Form 990) 2023 Page 2 Name of the organization

THE TROY FOUNDATION

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.

332212 11-14-23

SCHEDULE R	Related Organizations and Unrelated Partnerships
(Form 990)	Complete if the organization answered "Yes" on Form 990. Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2023 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

31-6018703

Department of the Treasury Internal Revenue Service

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

Name of the organization

THE TROY FOUNDATION

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

	I	I	1	1	
(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			(e) Public charity status (if section	(f) Direct controlling entity		3) 12(b)(13) olled ity?
				501(c)(3))		Yes	No
TF LAND, INC 26-1645416	TO HOLD THE LAND AND						
216 W. FRANKLIN STREET	BUILDING WHICH HOUSE THE						
TROY, OH 45373	TROY FOUNDATION	оніо	501(C)(3)	LINE 12B, II	N/A		Х
	-						

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

31-6018703 Page 2

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

organizations treated as a pa	r the ship during the ta										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	manag partne	or Percentage ownership
		country)		sections 512-514)				No	K-1 (Form 1065)	Yes	lo
	-										
										+	
	-										
	-										
	-										
	-										
										$ \vdash $	
	1										
	1										
	1		l								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	i) b)(13) rolled ity?
		country)		5. 1. 000				Yes	No
									<u> </u>
									<u> </u>
]								

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)	11		
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)	-		
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			T
Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)			

(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) 332163 09-28-23			Schedule R (Form 990) 2023

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	ר)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera	or Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) s.?	total	end-of-year	alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	lo

chedule R (Form 990) 2023	3 THE	TROY	FOUNDATION	31-6018703 Pag
Part VII Supplemen	tal Information			
Provide addition	onal information for r	esponses	to questions on Schedule R. See instructions.	
				Schedule R (Form 990) 2

Form 9	ЭО-Т	E	exempt Organization Business Inco	ome Tax Returi	า	OMB N	No. 1545-0047
			(and proxy tax under section 603			•	~~~
		For cal	endar year 2023 or other tax year beginning, and e	nding		2	023
	of the Treasury enue Service	[Go to www.irs.gov/Form990T for instructions and the loop of the second second second the loop of the second		-		Public Inspection for Organizations Only
	heck box if ddress changed.		Name of organization (Check box if name changed and see instru	uctions.)	D Em	ployer ider	ntification number
B Exemp	t under section	Print	THE TROY FOUNDATION		3	1-60	18703
X 50		or	Number, street, and room or suite no. If a P.O. box, see instructions.			up exempte instructio	tion number
408	B(e) 220(e)	Туре	216 W FRANKLIN ST				··,
408	BA 530(a)		City or town, state or province, country, and ZIP or foreign postal code				
529	9(a) 529A		TROY, OH 45373-3234		_ F └_	Chec	k box if
				<u>,156,124.</u>			nended return.
G Cheo	ck organization	type	501(c) corporation X 501(c) trust 401(a) trust 6417(d)(1)(A) Applicable entity	Other trust	State	college	/university
H Cheo	ck if filing only to	o claim	Credit from Form 8941 Refund shown on Form 2	2439 📃 Elective payme	ent amo	unt fron	n Form 3800
I Cheo	ck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corp	oration			
J Ente	r the number of	attache	ed Schedules A (Form 990-T)			1	
K Durir	ng the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary	diary controlled group?		Yes	X No
If "Ye	es," enter the na		d identifying number of the parent corporation				
	oooks are in car		MELISSA KLEPTZ	Telephone number	937-	339-	-8935
Part I	Total Unr	elate	d Business Taxable Income			1	
1 Te	otal of unrelated	busine	ss taxable income computed from all unrelated trades or busine	esses (see instructions)	1		0.
					2		
					3		
			(see instructions for limitation rules)		4		0.
			taxable income before net operating losses. Subtract line 4 from		5		
			ing loss. See instructions		6		
			es taxable income before specific deduction and section 199A c				
	ubtract line 6 fro				7		1,000.
			rally \$1,000, but see instructions for exceptions)		8		1,000.
			duction. See instructions		10		1,000.
			ines 8 and 9		11		0.
Part I							
		-	is corporations. Multiply Part I, line 11 by 21% (0.21)		1		
			rates. See instructions for tax computation. Income tax on the a		<u> </u>		
			Tax rate schedule or Schedule D (Form 1041)		2		0.
	roxy tax. See in				3		
	-		instructions		4		
					5		
			cility income. See instructions		6		
			h 6 to line 1 or 2, whichever applies		7		0.
Part I	I Tax and	Paym	ents				
1a Fo	oreign tax credit	t (corpo	rations attach Form 1118; trusts attach Form 1116)	1a	_		
	ther credits (see		,	1b	_		
			Attach Form 3800 (see instructions)	1c	_		
			num tax (attach Form 8801 or 8827)	1d	-		
	otal credits. Ac		•		1e		
			rt II, line 7		2		0.
	mount due from			<u>3a</u>	-		
	mount due from		2007	3b	-		
	mount due from		2000	3c	-		
	mount due from			3d	-		
	ther amounts d	•	,	3e	- 24		0.
			lines 3a through 3e		3f		
4 T			d 3f (see instructions).		4		0.
5 C			ity paid from Form 965-A, Part II, column (k)		5		0.
LHA Fo	r Paperwork R	eductio	n Act Notice, see instructions. 323701 11-20-23			Form	990-T (2023)
			75				

2023.04030 THE TROY FOUNDATION

Form 9	90-T (2023)			Р	age 2
Part	III Tax and Payments (continued)				
6 a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election				
	applies	6b			
С	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
е	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
7	Total payments. Add lines 6a through 6j		7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa	aid	10		
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax	Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information	on (see instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in or a	a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the o	rganization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	name of the foreign country			
	here				Х
2	During the tax year, did the organization receive a distribution from, or was it the grant	tor of, or transferor to, a			
	foreign trust?				Х
	If "Yes," see instructions for other forms the organization may have to file.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year	\$			
4	Enter available pre-2018 NOL carryovers here \$ Do not in	nclude any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by an	ny deduction reported on Part	I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 I	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				
<u>b</u>	Reserved for future use				
Part	V Supplemental Information				

Provide any additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other that					wledge	and belief, it is	true,	
Here	Signature of officer	Date	PRESIDENT AND		CEO the		May the IRS discuss this return the preparer shown below (see instructions)? X Yes		_
						Instru		Yes	No
	Print/Type preparer's name	Preparer's signature	Date	Date Check		if	PTIN		
Paid					self-employe	d			
Preparer	KAREN O. CRIM	KAREN O. CR	IM 10/	24/24			P0036	58385	
Use Only	Firm's name RSM US LLP						42-07	71432	5
	6 S PATTER								
	Firm's address DAYTON , OH	Phone no.	93	7-298-	0201				
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323711 11-20-23

76 2023.04030 THE TROY FOUNDATION

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 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.

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.

<u>must use</u>	Form 7004 to request an extension of time to file income	e tax retur	าร.								
<u>Part I - Ic</u>	lentification										
Type or	Name of exempt organization, employer, or other filer,	Taxpayer identification number (TIN)									
Print	THE TROY FOUNDATION		31-6018703								
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, se 216 W FRANKLIN ST										
return. See instructions.											
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)								
Applicati	on Is For	Return Code	Application Is For			Return Code					
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09					
	0 (individual)	03	Form 5227			10					
Form 990		00	Form 6069			11					
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12					
	-T (trust other than above)	06	Form 5330 (individual)			13					
	-T (croporation)	07	Form 5330 (other than individual)			14					
Form 104		08									
	ou enter your Return Code, complete either Part II or Part		including signature, is applicable o	nly for an	extension of						
	e Form 5330.		,	,							
	pplication is for an extension of time to file Form 5330, ye	ou must ei	nter the following information.								
	n Name		5								
	n Number										
	n Year Ending (MM/DD/YYYY)										
	utomatic Extension of Time To File for Exempt Organi	zations (s	ee instructions)								
	ooks are in the care of MELISSA KLEPTZ		ł								
	216 W FRANKLIN ST	' – TR	OY, OH 45373-3234								
Teleph	none No. 937-339-8935		Fax No.								
	organization does not have an office or place of business	in the Uni	ted States, check this box								
	s for a Group Return, enter the organization's four-digit (up, check this					
box[If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	all membe	ers the extensio	n is for.					
1 Ire	quest an automatic 6-month extension of time until $\ { m NG}$	OVEMBI	ER 15 , 20 24 , to file	the exem	pt organization	return for					
the	organization named above. The extension is for the orga	anization's	return for:								
Х	calendar year 20 23 or										
	tax year beginning	, 20	, and ending			, 20					
2 If th	ne tax year entered in line 1 is for less than 12 months, ch Change in accounting period	neck reaso	n: Initial return	Final retur	ו						
3a lf th	is application is for Forms 990-PF, 990-T, 4720, or 6069,	enter the	tentative tax less								
	nonrefundable credits. See instructions.	, 51101 110		3a	\$	0.					
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and		7						
esti	mated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.					
c Bal	ance due. Subtract line 3b from line 3a. Include your page	yment with	n this form, if required, by			-					
usir	ng EFTPS (Electronic Federal Tax Payment System). See	3c	\$	0.							

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

OMB No. 1545-0047

Unrelated Business Taxable Income
From an Unrelated Trade or Business

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

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

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

B Employer identification number 31-6018703

D Sequence:

1

of

A	Name of the	organizatio	n
	THE	TROY	FOUNDATION

SCHEDULE A

(Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated business activity code (see instructions) С

900000

INVESTMENT IN PUBLICLY TRADED PARTNERSHIPS

Ε	Describe the unrelated trade or business INVESTMENT I	N PI	JBLICLY TRADE	ED PARTNERSHI	PS
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	0.		
_					

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

1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages	2			
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return 8a				
9					
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12					
13					
14					
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)			16	0.
17				17	0.
18				18	
For I	Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2023

LHA 323741 01-19-24

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1

Part III Cost of Goods Sold Enter method of inventory valuation 1 Inventory at beginning of year 1 2 Purchases 1 3 Cost of labor 4 4 Additional section 263A costs (attach statement) 6 5 Total. Additional section 263A with respect to property produced or acquired for restale; apply to the organization? Yes 9 Do the rules of section 263A with respect to property produced or acquired for restale; apply to the organization? Yes 9 Do the rules of section 263A with respect to property produced or acquired for restale; apply to the organization? Yes 9 Do the rules of section 263A with respect to property produced or acquired for restale; apply to the organization? Yes 9 Deter rules of section 263A with respect to property produced or acquired for restale; apply to the organization? Yes 9 Deter rules of section 263A with respect to property produced or acquired for restale; apply to the organization? Yes 9 Deter rules of section 263A with respect to property produced or acquired for restale; apply to the organization? Yes 9 Deter rules of section 263A with respect to property (and Personal Property Labased With Personal Property Labased With Personal Property (and Personal Property inter address, city, state, ZIP code).	A B C D D a B a B b a a a a b a a b a a a a a a a a a a a a b a a a a a a b a b a b a b a b a b a b c a b c c c c c c c c c c c c c	Inventory at beginning of year Purchases Cost of labor Additional section 263A costs (attach state Other costs (attach statement) Total. Add lines 1 through 5 Inventory at end of year Cost of goods sold. Subtract line 7 from II Do the rules of section 263A (with respect IV Rent Income (From Real Pro Description of property (property street add A B B C D Rent received or accrued From personal property (if the percentage of rent for personal property (if the percentage of rent for personal property ex 50% or if the rent is based on profit or inco
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financed property (attach statement)		
6 Divide line 4 by line 5 % %		
7 Gross income reportable. Multiply line 2 by line 6		
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	al gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0,	Total gross income (add line 7, columns A
9 Allocable deductions. Multiply line 3c by line 6		
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	· · · · · · · · · · · · · · · · · · ·	
11 Total dividends-received deductions included in line 10	al dividends-received deductions included in line 10	i otal dividends-received deductions inc

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	4									
	т	lines 5 through 7						4		
5 Gross income from activity that is not unrelated business income 5	5	•								
6 Expenses attributable to income entered on line 5										
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line	7									
4. Enter here and on Part II, line 12		4. Enter here and on Pa	art II, line 12						7	

Schedule A (Form 990-T) 2023

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ched	ule A (Form 990-T) 2023					Page
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ng two or moi	re periodicals on a	consolidated basis	i.	
	A					
	в					
	c					
	D					
nter a	amounts for each periodical listed above in the	correspondir	ng column.	[
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or	Part I, line 1	1, column (A)			0.
а						
3		L				
а	Add columns A through D. Enter here and or	Part I, line 1	1, column (B)			0.
	Advertising asia (lass). Outstreat line O from li					
4	Advertising gain (loss). Subtract line 3 from li	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i					
	line 4 showing a loss or zero, do not complet					
5	lines 5 through 7, and enter -0- on line 8					
5 6	Readership costs					
0 7	Circulation income					
'	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le					
8	than line 6, enter -0- Excess readership costs allowed as a	······ –				
0	deduction. For each column showing a gain	n				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g		line 8a columns tot	I al or -Ω- bere and c	n	
u	Part II, line 13					0.
Part		rectors, ar	nd Trustees (s	ee instructions)		
	· · · · ·		ζ-	,	3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
1)					%	
2)					%	
3)					%	
4)					%	
Total	Enter here and on Part II, line 1					0

 Total. Enter here and on Part II, line 1

 Part XI
 Supplemental Information (see instructions)

323732 01-19-24

THE TROY FOUNDATION

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

	ule E (Form 1040) 2023 (s) shown on return. Do not enter name and social security	number if shown on page 1.			Attac	hment Sequence		Page			
		namber ir enewn en page 1.					Your social secu				
-	E TROY FOUNDATION tion: The IRS compares amounts reported	on your tax raturn wit	h amounts she				31-601	8703			
_	rt II Income or Loss From Part Note: If you report a loss, receive stock, or receive a loan repayment computation. If you report a loss fi line 28 and attach Form 6198. Se Are you reporting any loss not allowed in	nerships and S a distribution, dispose from an S corporatio om an at-risk activity e instructions.	Corporation e of on, you must of for which any	ns check the b amount is	oox in column (e) o not at risk, you m	lust check t	he box in colun				
	passive activity (if that loss was not repor see instructions before completing this se		r unreimbursec	l partnersh	ip expenses? If yo	u answered	"Yes," Yes	X No			
28	(a) Name		(b) Enter P for partnership; S for S corporation	(C) Check if foreign	(d) Employe		(e) Check if basis computation is required	(f) Check if any amount is not at risk			
Α	CEDAR FAIR, LP		P	partnersnip	34-15606		isrequired	HOLATHSK			
В											
C D											
	Passive Income and Lo	ss			Nonpassive Ir	come and l	Loss				
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive incom from Schedule K	allov	bassive loss wed (see dule K-1)	(j) Section 179 deduction from		(k) Nonpassi ⁿ from Scheo				
A	0.										
B C											
D	-		_								
29a b	Totals Totals										
30	Add columns (h) and (k) of line 29a						30				
31	Add columns (g), (i), and (j) of line 29b						<u>31 (</u>				
32 Pa	Total partnership and S corporation inc rt III Income or Loss From Esta		oine lines 30 ar	nd 31			32				
33	(b) Employer										
<u>A</u>											
B	Passive Incom	e and Loss			Nonp	assive Inco	me and Loss				
	(c) Passive deduction or loss allowed (attach Form 8582 if required) (d) Passive income from Schedule K-1 (e) Deduction or loss from Schedule K-1						(f) Other inc Schedul				
<u>A</u>											
<u>B</u> 34a	Totals			-							
b	Totals										
35	Add columns (d) and (f) of line 34a						<u>35</u>				
36 37	Total estate and trust income or (loss).	Combine lines 35 an	d 36				<u>36 (</u> 37				
Pa	rt IV Income or Loss From Real	Estate Mortgag	e Investme				al Holder				
38	(a) Name	(b) Employer identification numbe	fròm Sch	ess inclusions inclusions inclusions inclusions inclusion in the second struction in the second struction in the second struction is the second struction in the second struction is the second struction in the second struction is the second struction is the second struction is the second struction in the second struction is the second struction struction is the second struction is the second struction struction struction is the second struction structin struction struction struction struction struction struction str	line (net loss)	from	(e) Incom Schedules				
39	Combine columns (d) and (e) only. Enter t	he result here and inc	lude in the tot	al on line 4	1 below		39				
	rt V Summary						· ·				
40 41	Net farm rental income or (loss) from For Total income or (loss). Combine lines 26, 32,					5	40	0.			
41	Reconciliation of farming and fishing income.				ст(гонн точо), IIII 		41	0.			
42	reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1										
42				(Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions. 42							
	(Form 1120-S), box 17, code AN; and Schedul	K-1 (Form 1041), box	14, code F. See in		42						
42 43		K-1 (Form 1041), box nals. If you were a re	14, code F. See in al estate	structions.	42						
	(Form 1120-S), box 17, code AN; and Schedul Reconciliation for real estate professio	K-1 (Form 1041), box nals. If you were a re tet income or (loss) yo 040-NR from all rental	14, code F. _{See in} al estate ou reported any real estate act	structions. where ivities	42						

³²¹⁵⁰¹ 11-07-23 12411024 148922 7761308-7761308 82 2023.04030 THE TROY FOUNDATION

Schedule E (Form 1040) 2023

77613081

Passive	Activity	Loss	Limitations
	AULIVILY	L033	Linnations

See separate instructions.

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

OMB No. 1545-1008

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

Form **8582**

31	-6	01	87	07

Identifying number

TH	E TROY FOUNDATION							31 -	6018703
Pa	art I 2023 Passive Activity Loss								
	Caution: Complete Parts IV and V b	efore completing Pa	rt I.						
Rer	tal Real Estate Activities With Active Particip	pation (For the defir	nition of active pa	articip	ation, see				
Spe	cial Allowance for Rental Real Estate Activit	ies in the instruction	ns.)						
1a	Activities with net income (enter the amount f	rom Part IV, column	(a))	1a					
b	Activities with net loss (enter the amount from	n Part IV, column (b))		1b	()			
с	Prior years' unallowed losses (enter the amou	nt from Part IV, colu	mn (c))	1c	()			
d	Combine lines 1a, 1b, and 1c						1d		
All (Other Passive Activities								
2a	Activities with net income (enter the amount f	rom Part V, column ((a))	2a					
b	Activities with net loss (enter the amount from	n Part V, column (b))		2b		442 .)			
с	Prior years' unallowed losses (enter the amou	nt from Part V, colun	nn (c))	2c	(11,	699.)			
d	Combine lines 2a, 2b, and 2c						2d		-13,141.
3	Combine lines 1d and 2d and subtract any pri	ior year unallowed C	RD. See instruct	ions.	If this line is zero or				
	more, stop here and include this form with yo	ur return; all losses a	are allowed, inclu	ding a	any prior year				
	unallowed losses entered on line 1c or 2c. Re	port the losses on th	e forms and sch	edule	s normally used		3		-13,141.
	If line 3 is a loss and: • Line 1d is a loss, g								
	 Line 2d is a loss (a 	na line 1a is zero or	more), skip Part	II and	go to line 10.				
Ca	ution: If your filing status is married filing separ	rately and you lived v	with your spouse	at an	y time during the y	ear, do	not cor	mplete	•
Pa	rt II. Instead, go to line 10.		-						
Pa	art II Special Allowance for Renta	al Real Estate A	ctivities With	ו Ac	tive Participati	on			
	Note: Enter all numbers in Part II as	positive amounts. Se	ee instructions fo	or an e	example.				
4	Enter the smaller of the loss on line 1d or the	loss on line 3					4		
5	Enter \$150,000. If married filing separately, se	e instructions		5					
6	Enter modified adjusted gross income, but no	t less than zero. See	e instructions	6					
	Note: If line 6 is greater than or equal to line 5	5, skip lines 7 and 8 a	and enter -0-						
	on line 9. Otherwise, go to line 7.								
7	Subtract line 6 from line 5			7					
8	Multiply line 7 by 50% (0.50). Do not enter mo	ore than \$25,000. If r	narried filing sep	arate	y, see instructions		8		
9	Enter the smaller of line 4 or line 8. If line 3 in	cludes any CRD, see	e instructions		-		9		
Pa	art III Total Losses Allowed								
10	Add the income, if any, on lines 1a and 2a and	d enter the total					10		
11	Total losses allowed from all passive activity								
	out how to report the losses on your tax retur	n	ç	SEE	STATEMENT	' 5	11		Ο.
Pa	art IV Complete This Part Before	Part I, Lines 1a,	1b, and 1c.	See	instructions.				
		Curror	nt year		Prior years		Over		a or loop
	Name of activity	Currer	it year		Prior years		Overa	an gan	n or loss
	Name of activity	(a) Net income	(b) Net loss		(c) Unallowed	(1)	Gain		
		(line 1a)	(line 1b)		loss (line 1c)	(a)	Gain		(e) Loss
								-+	
								$\neg \uparrow$	

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

 For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2023)

Form 8582 (202 Part V	23) THE TROY FOUN Complete This Part B			a. 2b. a	and 2c. S	See instruc	ctions	31-6	01	8703 Page 2	
	<u> </u>		Currer			Prior ye		Overa	Overall gain or loss		
	Name of activity	(a	(a) Net income (line 2a) (line 2b)			(c) Unalle loss (line		(d) Gain		(e) Loss	
				("	10 2.6)		, 20)				
		SI	EE ATTAC	HED	STATEM	ENT FOI	R PAI	RT V	_		
	on Part I, lines 2a, 2b, and 2c			_	1,442.	-11,	699.				
Part VI	Use This Part if an An	nount Is	Shown on P	art II,	Line 9. S	See instruc	ctions.				
	Name of activity	an to b	m or schedule d line number be reported on e instructions)	(a) Loss	(b) Ra	tio	(c) Special allowance		(d) Subtract column (c) from column (a)	
Total Part VII	Allocation of Unallow	ed Losse	es. See instr	uction	S.						
	Name of activity		Form or sche and line num to be reporte (see instructi	dule iber d on	(a) L	_OSS		(b) Ratio	(•	c) Unallowed loss	
			SEE ATTA	CHED	STATE	MENT FO	DR PZ	ART VII			
Total					1	3,141.				13,141.	
Part VIII	Allowed Losses. See	instructio	ons.		-		_				
	Name of activity		Form or sche and line num to be reporte (see instructi	nber d on	(a) ^լ	_OSS	(b) U	nallowed loss		(c) Allowed loss	
		6	SEE ATTA	CHED	STATE	MENT FO	DR PZ	ART VIII			
Total					1	3,141.		13,141.		0.	

Form 8582 (2023) THE TROY FOUNDATIO		More Forms or	Schedules So	<u>31-601</u>	8703 Page:
Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -	0				
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -	0				
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -	0				
Total					

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THE TROY FOUNDATION

31-6018703

FORM 8582	OTHER I	PASSIV	E ACT	IVITIES	- PART V	STA	TEMENT 2
		JRRENT			PRIOR YEAR UNALLOWED	OVERALL GA	
NAME OF ACTIVITY	NET IN	ICOME	NET I	LOSS	LOSS	GAIN	LOSS
CEDAR FAIR, LP		0.	-1	1,442.	-11,699.		-13,141
TOTALS		0.		1,442.	-11,699.		-13,141.
FORM 8582	ALLOCATION	I OF U	NALLOV	WED LOS	SES - PART V	/II STA	TEMENT 3
NAME OF ACTIVITY				FORM OR HEDULE	LOSS	RATIO	UNALLOWEI LOSS
CEDAR FAIR, LP			SCH	ΗE	13,141.	1.00000000	13,141
TOTALS					13,141.	1.00000000	13,141
FORM 8582	AI	LOWED	LOSSI	ES - PA	RT VIII	STA	TEMENT 4
NAME OF ACTIVITY			S	FORM OR CHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
				OR	LOSS	LOSS	
NAME OF ACTIVITY CEDAR FAIR, LP TOTALS				OR CHEDULE		LOSS 13,141.	
CEDAR FAIR, LP	SUN	MARY (so	OR CHEDULE CH E	13,141.	LOSS 13,141. 13,141.	
CEDAR FAIR, LP TOTALS FORM 8582 R R	FORM	MARY (so	OR CHEDULE CH E SSIVE A	13,141. 13,141. CTIVITIES	LOSS 13,141. 13,141. STA	LOSS
CEDAR FAIR, LP TOTALS FORM 8582 R R E			SC OF PAS	OR CHEDULE CH E SSIVE A	13,141. 13,141. CTIVITIES	LOSS 13,141. 13,141. STA	LOSS
CEDAR FAIR, LP TOTALS FORM 8582 R R E	FORM OR	GAIN/2	OF PAS	OR CHEDULE CH E SSIVE A	13,141. 13,141. CTIVITIES D GAIN/LOSS	LOSS 13,141. 13,141. STA STA UNALLOWED LOSS	LOSS TEMENT 5
CEDAR FAIR, LP TOTALS FORM 8582 R R R A NAME	FORM OR SCHEDULE	GAIN/3	OF PAS	OR CHEDULE CH E SSIVE A PRIOR YEAR C/0	13,141. 13,141. CTIVITIES O GAIN/LOSS 913,141	LOSS 13,141. 13,141. STA UNALLOWED LOSS 13,141.	LOSS TEMENT 5

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THE TROY FOUNDATION

31-6018703

FORM 8582	ALTERNATIVE MINIMUM TAX STATEMENT 6 OTHER PASSIVE ACTIVITIES - PART V						
	CURRENT	T YEAR	PRIOR YEAR UNALLOWED	OVERALL GA	AIN OR LOSS		
NAME OF ACTIVITY	NET INCOME	NET LOSS	LOSS	GAIN	LOSS		
CEDAR FAIR, LP	0.	-1,442.			-1,442.		
TOTALS	0.	-1,442.			-1,442.		
FORM 8582	ALTEN ALLOCATION OF	RNATIVE MIN UNALLOWED			ATEMENT 7		
NAME OF ACTIVITY		FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS		
CEDAR FAIR, LP		SCH E	1,442.	1.00000000	1,442.		
TOTALS			1,442.	1.000000000	1,442.		
FORM 8582		NATIVE MINI D LOSSES - 1		ST	ATEMENT 8		
NAME OF ACTIVITY		FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS		
IAME OF ACTIVITI							
CEDAR FAIR, LP		SCH E	1,442.	1,442.			

THE TROY FOUNDATION

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FORM 8582AMT	SUMMA	RY OF PASS	IVE ACTIVI	TIES - AMT	STAT	EMENT 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 CARRYON	VERS ALLOWI	ED DUE TO (CURRENT YE	AR NET ACTI	VITY INCOME	ł
TOTAL TO FORM 8582	2AMT, LINE	11				

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