Public Disclosure Copy

Form 990

PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

			EXTENSION GRANTED UNTIL MAY 15, Return of Organization Exempt Fron		OMB No. 1545-0047			
For	" g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		0000			
			Do not enter social security numbers on this form as it may		Open to Public			
Depa Interr	rtment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection			
AF	or th	e 2022 calend	ar year, or tax year beginning $ { m JUL}1,2022 $ and ending	<u>JUN 30, 2023</u>				
	heck if pplicat	le: C Name o	forganization	D Employer identifica	ation number			
	Addr	ess OHIO	LIVING FOUNDATION					
	Name	ge Doing b	usiness as	31-116616	4			
	Initial returr Final returr	Number	and street (or P.0. box if mail is not delivered to street address) Room/s WORTHINGTON ROAD 300	Suite E Telephone number 614-888-7	800			
	termi	-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	29,548,005.			
	Amer	N MEDI	ERVILLE, OH 43082	H(a) Is this a group ret	urn			
	Appli dion pend		nd address of principal officer: LAURENCE C. GUMINA	for subordinates?				
		SAME	AS C ABOVE	H(b) Are all subordinates incl				
		empt status:			st. See instructions			
_	Vebs		OHIOLIVING.ORG/FOUNDATION	H(c) Group exemption				
	orm o art l	f organization: [Summary	X Corporation Trust Association Other L	Year of formation: 1986 M	State of legal domicile: OH			
10								
e	1	Briefly describ	e the organization's mission or most significant activities: SEE SCHE					
Jan	2	Check this bo		nore than 25% of its net asse				
Governance	3							
ĝ	4		lependent voting members of the governing body (Part VI, line 12)		<u> 12</u> 10			
Š	5		of individuals employed in calendar year 2022 (Part V, line 2a)		0			
Activities &	6		of volunteers (estimate if necessary)		12			
Ĕ	-		d business revenue from Part VIII, column (C), line 12		0.			
Ă			business taxable income from Form 990-T, Part I, line 11		28,375.			
				Prior Year	Current Year			
	8	Contributions	and grants (Part VIII, line 1h)	4,609,931.	3,619,026.			
Revenue	9		ce revenue (Part VIII, line 2g)	0.	0.			
eve	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	3,173,025.	2,189,290.			
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,782,956.	5,808,316.			
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.			
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,429,695.	1,463,796.			
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.			
xpe	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 1,390,066.					
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,086,783.	721,103.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,516,478.	2,184,899.			
	19	Revenue less	expenses. Subtract line 18 from line 12	5,266,478.	3,623,417.			
Net Assets or Fund Balances				Beginning of Current Year	End of Year			
sset	20	Total assets (83,000,724.	87,308,784.			
et A: nd F	21		(Part X, line 26)	1,999,726.	1,548,471.			
	22 art II		fund balances. Subtract line 21 from line 20	81,000,998.	85,760,313.			
		-		tomonto and to the best of and	nowladge and helief it '-			
			I declare that I have examined this return, including accompanying schedules and sta		inowieuge and beller, it is			
u ue,	corre	t, and complete	Declaration of preparer (other than officer) is based on all information of which prep	Darer nas any knowledge.				

Sign	Signature of officer		Date					
Here	ROBERT B. STILLMAN, CFO/T	REASURER						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	AMANDA M. COON	AMANDA M. COON	05/13/24 self-employed P01754645					
Preparer	Firm's name PLANTE & MORAN, P	LLC	Firm's EIN 38-1357951					
Use Only	Firm's address 250 S. HIGH ST, S	UITE 100						
	COLUMBUS, OH 43215 Phone no.614-849-3000							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

				ronn 220 (202)
4e	Total program service expenses			Form 990 (2022
4d	Other program services (Describe on (Expenses \$	Schedule O.) including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
1b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
1a	(Code:) (Expenses \$ <u>SEE</u> <u>SCHEDULE</u> O	U • including grants of \$	U •) (Revenue \$	0.
	revenue, if any, for each program ser	vice reported.	grants and allocations to others, the total exper 0 •) (Revenue \$	
1	If "Yes," describe these changes on a Describe the organization's program	Schedule O. service accomplishments for each of its thre	e largest program services, as measured by exp	enses.
3	If "Yes," describe these new services	on Schedule O.	ducts, any program services?	
2	• •	ignificant program services during the year v		Yes X No
	LIVING.	FOR THE PEOPLE, PROJEC	TS AND PROGRAMS OF OHIO	
-	OHIO LIVING FOUNDAT	TION'S MISSION IS TO PA	ARTNER WITH DONORS TO PRO	VIDE
1	Briefly describe the organization's mi			

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 Form 990 (2022)
 OHIO
 LIVING
 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)?			
	If "Yes," complete Schedule A	1	X	
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			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
~	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10	х	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		-73	
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI	114		
^D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
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			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
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			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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% controlled			
	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	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	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	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	5			

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
-			I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0-	0			
h	filed for the calendar year ending with or within the year covered by this return	2a		2b		
				20 3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		х
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 Ac	coun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	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?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
-	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	vicos r	rovidad to the power?	70		х
				7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		uired	10		
Ŭ	to file Form 8282?	0104		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	9			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
				9b		
10	Section 501(c)(7) organizations. Enter:		I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a	I			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	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	1	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		х
	excess parachute payment(s) during the year?			15		<u> </u>
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		x
10	If "Yes," complete Form 4720, Schedule O.			10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivitie				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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OHIO LIVING FOUNDATION

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X

Yes No

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?	6	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
D		7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15		
		8a	x	
a ⊾	The governing body?		X	
-		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
800	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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 arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial	
	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			
	ROBERT B. STILLMAN - 614-888-7800			
_	9200 WORTHINGTON ROAD, SUITE 300, WESTERVILLE, OH 43082			
232006	12-13-22	Forr	n 990	(2022)
	7			. /

2022.05090 OHIO LIVING FOUNDATION 46384-12

Form	990	(2022))
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate)d
-	Employees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

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

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

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

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week				recto	i/irus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1099-NEO)	and related
	below	n dividual trustee or director	n stit utio nal tru stee	_	ƙey employee	st cor	ar a	1000 1120/		organizations
	line)	Indivi	Institu	Officer	Key ei	Highest compensated employee	Former			
(1) LAURENCE C. GUMINA	2.00									
CHIEF EXECUTIVE OFFICER	38.00	Х		Х				0.	554,132.	78,074.
(2) ROBERT STILLMAN	3.00									
CHIEF FINANCIAL OFFICER/TREASURER	37.00			Х				0.	353,730.	39,705.
(3) DANA ULLOM-VUCELICH	1.00									
CHIEF HUMAN RESCOURCES OFFICER	39.00				Х			0.	285,364.	33,074.
(4) DANIEL GINIS	40.00									
CHIEF FOUNDATION OFFICER	0.00	Х		Х				0.	227,639.	26,074.
(5) MICHAELLA REES	2.00									
CHIEF BRAND & GROWTH OFFICER	38.00				х			0.	199,703.	18,410.
(6) JENNIFER HOWELL	1.00									
CORP EXEC OF EMPLOYEE RELATIONS	39.00					X		0.	134,855.	20,370.
(7) MATTHEW CHEUVRONT	1.00									
CORPORATE EXECUTIVE OF INFORMATION T	39.00					X		0.	144,660.	386.
(8) DARCI MOSSBARGER	1.00							•	100 150	
CORP EXEC OF COMPENSATION/BENEFITS	39.00					X		0.	129,152.	7,665.
(9) RICHARD FRENCHIE	2.00			37				0	0	0
DIRECTOR/BOARD CHAIR	0.00	Х		Х				0.	0.	0.
(10) MARK BALTIMORE	2.00			77				0.	0	0
DIRECTOR/BOARD VICE CHAIR	0.00	Х		Х				0.	0.	0.
(11) BERNARD WRIGHT JR	2.00			x				0.	0	0
DIRECTOR/ASSISTANT TREASURER	0.00	Х		A				0.	0.	0.
(12) DENNIS R. DEIBEL DIRECTOR/ASSISTANT SECRETARY	0.00	x		x				0.	0.	0.
(13) MARY COCHRAN	2.00	^		^		-		0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(14) ROBERT PARKER	2.00							0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(15) BRUCE BOYD	2.00									
DIRECTOR	0.00	x						0.	0.	0.
(16) BONNIE QUIST	2.00								, , , , , , , , , , , , , , , , , 	
DIRECTOR	0.00	х						0.	0.	0.
(17) REV. CHRISTINE WHITE	2.00								-	
DIRECTOR	0.00	x						0.	0.	0.
020007 10 10 00										Form 990 (2022)

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Form 990 (2022)

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Form 9	90 (2022) OHIO LIVI	ING FOUN	IDA	TI	ON					31-11	L661	64	Page 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	tee or director of tee or director	not ch , unles cer an	ss per	ition more rson i irecto	Highest compensated Highest compensated	n an	(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	Estir amo ot compe fror organ	F) mated unt of her ensation n the ization related
		below line)	ıdividual t	n stit utio nal tru stee	Officer	key employee	ighest col mployee	Former					zations
(18)	SHELDON TAFT	2.00	=	드	Ó	¥.	Ξ	F					
DIREC	TOR	0.00	X						0.		0.		0.
1b \$	Subtotal		L			L	<u> </u>		0.	2,029,23	35.	223	,758.
	Fotal from continuation sheets to Part VI								0.	2,029,23	0.	223	0.
	Fotal (add lines 1b and 1c) Fotal number of individuals (including but n											225	,150.
(compensation from the organization											Y	0 'es No
3 [Did the organization list any former officer,	director, truste	ee, k	key e	mpl	oye	e, or	hig	hest compensated emp	loyee on	ſ		
	ine 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								ner compensation from t		-	3	X
á	and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual	-	[4	x
	Did any person listed on line 1a receive or a endered to the organization? <i>If "Yes." com</i>					-						5	x
Secti	on B. Independent Contractors												
	Complete this table for your five highest con he organization. Report compensation for the second s										ensati	on from	l
	(A) Name and business	address	NC	ONE	2				(B) Description of s	services	Co	(C) mpens	ation
			111	/111								1	
								1					
2	Fotal number of independent contractors (ii	ncluding but no	ot lin	nited	l to t	thos	se lis	ted	above) who received me	ore than			
	100,000 of compensation from the organiz	zation				()				r	orm QC	90 (2022)
											г		(2022)

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			Check if Schedule O c	conta	ains a respo	onse (or note to any line	e in this Part VIII	(B)	(0)	
								(A) Total revenue	(D) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns		1a						
n			Membership dues								
Ĕ		с	Fundraising events		1c						
and Other Similar Amounts			Related organizations								
b Eli			Government grants (contri								
Š		f	All other contributions, gifts,	grant	s, and						
the			similar amounts not included	abov	/e 1f		3,619,026.				
Ó		g	Noncash contributions included in	lines 1	a-1f 1g	\$	29,345.				
ano		h	Total. Add lines 1a-1f					3,619,026.			
							Business Code				
2	2	а									
		b									
Snu		с									
eve		d									
Revenue		е									
		f	All other program service	revei	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (includ								
			other similar amounts)					1,238,997.			1238997
	4		Income from investment of	f tax	exempt bo	ond p	roceeds				
	5		Royalties	. <u></u>							
					(i) Rea	l	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Securi	ties	(ii) Other				
			assets other than inventory	7a	24,689,	982.					
		b	Less: cost or other basis								
e			and sales expenses	7b	23,739,	689.					
/eu		с	Gain or (loss)	7c	950,	293.					
Kevenue			Net gain or (loss)			<u></u> .		950,293.			950,293
P	8		Gross income from fundraisin								
Ē			including \$		of						
			contributions reported on	line	1c). See						
			Part IV, line 18			8a					
		b	Less: direct expenses								
		с	Net income or (loss) from	fund	raising eve	nt <u>s</u>					
	9	а	Gross income from gamin	g ac	tivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		с	Net income or (loss) from	gami	ing activitie	s					
	10	а	Gross sales of inventory, I	ess r	returns						
			and allowances			10a					
		b	Less: cost of goods sold								
		с	Net income or (loss) from	sales	s of invento	ry					
Ţ							Business Code				
ί α	11	а									
Revenue		b									
Ne S		с									
ζΨ			All other revenue								
ä		d	All other revenue								
Revenue			Total. Add lines 11a-11d								

OHIO LIVING FOUNDATION

Form 990 (2022)

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31-1166164

Form 990 (2	2022)
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OHIO LIVING FOUNDATION Part IX Statement of Functional Expenses .

Sectio	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons			mplete column (A).	
Do n	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	222 600		222 600	
_	trustees, and key employees	333,698.		333,698.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	001 016		00 462	01/ 25/
7	Other salaries and wages	894,816.		80,462.	814,354
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	148,049.		39,040.	109,009
9	Other employee benefits	87,233.		26,507.	60,726
0	Payroll taxes	01,233.		20,507.	00,720
1	Fees for services (nonemployees):	216,000.		216,000.	
	Management	11,289.		11,289.	
		6,232.		6,232.	
	Accounting	0,232.		0,232.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch O.)	108,003.		1,332.	106,671
12	Advertising and promotion	8,235.		1,5520	8,235
12 3	Office expenses	41,740.		10,543.	31,197
4	Information technology	45,339.		45,339.	01/10/
5	Royalties				
6	Occupancy	7,165.		7,165.	
17	Travel	28,659.		1,617.	27,042.
8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	3,410.		2,536.	874
20	Interest			,	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	13,073.		13,073.	
3	Insurance	-			
4	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	ANNUITY FUND DISTRBS	193,120.			193,120
b	ANNUITY TRUSTEE FEES	38,838.			38,838
c		,			
d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	2,184,899.	0.	794,833.	1,390,066
6	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)				

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11 2022.05090 OHIO LIVING FOUNDATION 46384-12

Form 990 (2022)

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Form 990 (2022)

Form 990 (2022) Part X Balance Sheet

OHIO LIVING FOUNDATION

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

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,309,005.	1	2,983,026.
	2	Savings and temporary cash investments			.,,	2	
	3	Pledges and grants receivable, net			2,943,783.	3	2,483,619.
	4		Accounts receivable, net				
	5	Loans and other receivables from any current or		I	95,791.	4	46,741.
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disgualif	-			-	
		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	169,989.			
	b	Less: accumulated depreciation			37,754.	10c	25,219.
	11	Investments - publicly traded securities			51,155,352.	11	53,507,261.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			25,459,039.	15	28,262,918.
	16	Total assets. Add lines 1 through 15 (must equa			83,000,724.	16	87,308,784.
	17	Accounts payable and accrued expenses			444,983.	17	184,362.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
dei.		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, pay					
		parties, and other liabilities not included on lines of Schedule D			1,554,743.	25	1,364,109.
	26				1,999,726.	25 26	1,548,471.
	20	Organizations that follow FASB ASC 958, che		e X	1,555,720.	20	1,540,471.
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			18,646,824.	27	24,698,967.
Bala	28	Net assets with donor restrictions			62,354,174.	28	61,061,346.
pu		Organizations that do not follow FASB ASC 9					
μ		and complete lines 29 through 33.	-				
S OL	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc	come,	or other funds		31	
Net	32	Total net assets or fund balances			81,000,998.	32	85,760,313.
	33	Total liabilities and net assets/fund balances			83,000,724.	33	87,308,784.

Form	0990 (2022) OHIO LIVING FOUNDATION	31	-1166164	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,808	<u> </u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,184		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,623		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	81,000		
5	Net unrealized gains (losses) on investments	5	2,249	9,7	54.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,11	3,8	56.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	85,760),3	13.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule (D.		
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?		<u>3a</u>	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	Ĺ

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	2022
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

Name of the organization

OHIC	LIVING FOU	JNDATION				3	1-1166164	
The organization is not a private found	dation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)				
1 A church, convention of ch	nurches, or association	n of churches described	in sectio	n 170(b)(1)(A)(i).			
2 A school described in sec	tion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)					
3 A hospital or a cooperative				(b)(1)(A)(ii	i).			
4 A medical research organiz					-	(iii), Enter	the hospital's name,	
city, and state:	·					. ,	· /	
5 An organization operated f	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in	
section 170(b)(1)(A)(iv). (·	, ,				
6 A federal, state, or local go		ental unit described in	section 17	70(b)(1)(A)	(v).			
7 An organization that norma	-					e general r	public described in	
section 170(b)(1)(A)(vi). (0	•		J			- 5		
8 A community trust describ		1)(A)(vi). (Complete Part	t II.)					
9 An agricultural research or				ed in coniu	nction with a	land-grant	college	
or university or a non-land-	-			-		-	-	
university:	J			·, ,	,			
10 An organization that norma	ally receives (1) more t	than 33 1/3% of its supp	ort from co	ontributior	ns. membershi	p fees, and	d aross receipts from	
activities related to its exer								
income and unrelated busi		-					-	
See section 509(a)(2). (Co				eee aequi				
11 An organization organized		velv to test for public saf	etv. See	section 50)9(a)(4).			
12 X An organization organized		•	•			rv out the	purposes of one or	
more publicly supported or	•	•	•					
lines 12a through 12d that	-							
a X Type I. A supporting org	• •		-			-	aivina	
the supported organizati	-	-	• • • •	-				
organization. You must							1-1-2-2003	
b Type II. A supporting or	-		ion with its	s supporte	d organization	n(s), by hav	rina	
control or management of	-				-		-	
organization(s). You mus			ante percer			ie ille ealph		
c Type III functionally inte	-		in connect	ion with, a	and functional	v integrate	d with	
its supported organizatio						y intograto		
d Type III non-functional		•				ed organiz	ration(s)	
that is not functionally in						-		
requirement (see instruct	•		-		-	anatona		
e Check this box if the org		•				I Type III		
functionally integrated, o					, i jpo i, i jpo i	, i j po in		
f Enter the number of supported		any mogratod capportin	ig organiz				4	
g Provide the following informatio	•	d organization(s)						
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other	
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
OHIO LIVING		above (see instructions))						
COMMUNITIES	34-4429863	10	x		4,050	.971.	0.	
OHIO LIVING					,	10.20		
HOLDINGS	27-2564811	10	x		845	,271.	0.	
OHIO LIVING QUAKER						,	<u>,</u>	
HEIGHTS	31-0538523	10	x		25	,809.	0.	
OHIO LIVING SARAH						,		
MOORE	31-1510768	10	x			0.	0.	
 Total					4,922	,051.	0.	
LHA For Paperwork Reduction Act I	Notice, see the Instru	uctions for Form 990 or	990-EZ.	232021 12-			dule A (Form 990) 2022	

Schedule A	(Form	990	2022
		000	2022

Part II

OHIO LIVING FOUNDATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (of fixed year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (c) 2022 (f) Total membership fees received. (Do not include any "unusual grants.") 2 Tax removals levide for the organ- ization's benefit and ether paid to or expended on its behalf 3 The value of services or facilities 4 Total. Additions 1 through 3 5 The portion of total contributions by each person (fine) through 3 5 The portion of total contributions by each person (fine) through 3 5 The portion of total contributions by each person (fine) through 3 6 Total Additions through 10 contributions contributions by each person (fine) through 10 contributions through	Sec	ction A. Public Support						
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	 					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6		(-,		(-,		()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organiz	ation,
						<u></u>	
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	Investment income percentage for 20			ine 13. column (f))		17	%
18	Investment income percentage from		B			18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a	-					
h	33 1/3% support tests - 2021. If the	-	-				
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
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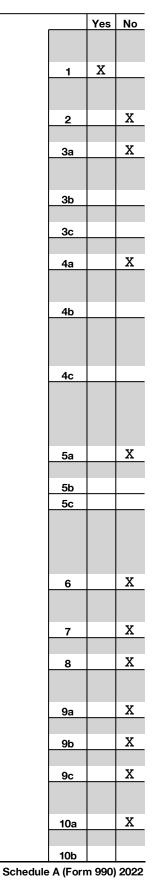
Part IV | Supporting Organizations

(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?
- 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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Part IV Supporting Organizations (continued)

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No

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			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		Х
b	A family member of a person described on line 11a above?	11b		Х
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		Х
ec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i>			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 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,

<u>supervised, or controlled the supporting organization.</u>	
Section C. Type II Supporting Organizations	

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
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Sec	tion D. All Type III Supporting Organizations		
			Yes
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		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization sup	oported a governm	ental entity. D	Describe in Part V	how you supported	a governmental entity	(see instruction <u>s).</u>
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- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

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.*

2a ______ 2b _____ 3a _____ 3b _____

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Yes No

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Schedule A (Form 990) 2022 OHIO LIVING FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must o	complet	e Sections A through E.	1
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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).

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c Excess from 2020 d Excess from 2021 e Excess from 2022

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Section D - Distributions

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

1	Amounts paid to supported organizations to accomplish exempt purposes				
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	s of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (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	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				

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Current Year

Schedule A	(Form 990) 2022	OHIO	LIVING	FOUNDAT	'ION		31-1166164 Page 8
Part VI	Supplemental Part IV, Section A, I line 1: Part IV, Secti	ion D. lines 2 and	Part IV. Se	ection E. lines 1	c. 2a. 2b. 3a	t II, line 10; Part II, line 17 1c; Part IV, Section B, lin I, and 3b; Part V, line 1; Pa Iplete this part for any add	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V. Section B, line 1e: Part V.
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** PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

Employer identification number

31-1166164

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)



OHIO LIVING FOUNDATION

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Name of organization

Employer identification number

OHIO LIVING FOUNDATION

31-1166164

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 1</u>		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$6,510.	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
3		\$87,136.	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		\$44,630.	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
5		\$5,200.	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
<u>6</u> 223452 11-15		\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 8 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 5,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 9,793. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Turne of contribution
<u>15</u>	Name, address, and ZIP + 4	\$6,510.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 16</u>		\$ <u>5,545.</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
		\$2,945.	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
18		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u> 19</u>		\$6,000. Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
20		\$5,200. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$9,269. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions Type of contribution \$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
23		\$96,685. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
24		\$5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 182,838. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 26 X Person Payroll 4,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 27 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 28 X Person Payroll Noncash 20,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 X Person Payroll 25,270. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 30 X Person Payroll 101,047. Noncash \$ (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>19,338.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32		\$8,189.	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
33		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,197.	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
35		\$ <u>25,000.</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
36		\$ <u>12,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 38 X Person Payroll 5,545. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 39 X Person Payroll 12,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 40 X Person Payroll Noncash 15,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 X Person Payroll 4,500. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 42 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 43 X Person Payroll 37,694. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 44 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 45 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 46 X Person Payroll Noncash 3,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 47 X Person Payroll 21,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 48 X Person Payroll 6,390. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 49 X Person Payroll 12,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 50 X Person Payroll 61,760. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 51 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 52 X Person Payroll Noncash 2,500. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 53 Person Payroll X 4,500. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 54 X Person Payroll 32,612. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 55 X Person Payroll 13,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 56 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 57 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 58 X Person Payroll Noncash 5,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 59 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 60 X Person Payroll 6,500. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 61 X Person Payroll 2,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 62 X Person Payroll 9,305. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 63 X Person Payroll 16,250. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 64 X Person Payroll Noncash 52,017. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 65 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 66 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 67 Person Payroll 5,946. Noncash Х \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 68 X Person Payroll 10,100. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 69 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 70 X Person Payroll Noncash 10,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 71 X Person Payroll 108,612. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 72 X Person Payroll 80,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

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OHIO LIVING FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	, , , ,	\$6,074.	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
<u>74</u>		\$11,490.	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
75		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>78</u> 223452 11-15		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>79</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$3,500.	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
81		\$ <u> </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
82		\$70,260.	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
83		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>84</u> 223452 11-15-		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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OHIO LIVING FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions \$ 6,844.	Type of contribution Person X Payroll
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$18,553.	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
87	, , , , , , , , , , , , , , , , ,	\$14,972.	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
88		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$25,010.	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
90		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 91 X Person Payroll 40,202. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 92 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 93 Person Payroll 7,400. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 94 X Person Payroll Noncash 5,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 95 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 96 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

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Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
97		- \$\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
98		- \$15,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
99		- _ \$5,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_100		- \$\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
101		- _ \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
102		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
223452 11-15	-22		Schedule B (Form 990) (2022)				

Schedule B (Form 990) (2022)

10220513 147228 46384-1

2022.05090 OHIO LIVING FOUNDATION 46384-12

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Name of organization

Employer identification number

31-1166164

OHIO LIVING FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
103		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
104		\$25,798.	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				
105		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
106		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
107		\$5,771.	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				
<u>108</u> 223452 11-15		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)				

Schedule B (Form 990) (2022)

10220513 147228 46384-1

2022.05090 OHIO LIVING FOUNDATION 46384 - 12

OHIO LIVING FOUNDATION

Name of organization

Employer identification number

31-1166164

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 109 X Person Payroll 8,055. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 110 X Person Payroll 15,848. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 111 X Person Payroll 16,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 112 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

Schedule B (Form 990) (2022)

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Name of organization

Employer identification number

OHIO LIVING FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Fartin	Noncash Froperty (see instructions). Use duplicate copies of Part II if a		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
53	STATUE OF TWO CHILDREN SITTING ON A BENCH READING A BOOK		
		\$4,500.	07/08/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
67	FITBIT INSPIRES, RUNNING BELTS, WATER BOTTLES, TOWELS, RESISTANCE BANDS, UMBRELLAS, SOCKS, NITRILE AND VINYL GLOVES	\$ 5,946.	06/07/23
(a)		· · · · · · · · · · · · · · · · · · ·	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
93	LOW COUNTRY PAINTING, WAITING PAINTING, OHIO RIVER STORM CLOUDS PAINTING, OHIO RIVER SUNSET PAINTING AND THE GOLDEN HOUR PAINTING		
		\$7,400.	12/02/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
from Part I			
from Part I			

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223453 11-15-22

Schedule B (Form 990) (2022)

31-1166164

Name of o	organization		Employer identification number				
онто	LIVING FOUNDATION		31-1166164				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line entr	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations				
	Use duplicate copies of Part III if additional	space is needed.	· · · · · · · · · · · · · · · · · · ·				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
·		(e) Transfer of gift	I				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
·	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
223454 11-15	I 5-22		Schedule B (Form 990) (202				

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2022.05090 OHIO LIVING FOUNDATION 46384-12

		0		01-1	_		1	OMB No. 1	545-0047
	HEDULE D n 990)	Supplementa Complete if the orga	nization answered	"Yes" on Form 990,				20	<u>22</u>
Depart	ment of the Treasury		ttach to Form 990.						o Public
Interna	I Revenue Service	Go to www.irs.gov/Form99	0 for instructions a	and the latest information	ation.			Inspect	
Nam	e of the organization	on OHIO LIVING FOUNDAT	TON			Emp		entification 1166	n number
Pa	rt I Organiza	ations Maintaining Donor Advised		er Similar Funds	or Acc	coun			
I ui		n answered "Yes" on Form 990, Part IV, lin				Jour		inpiete ii t	
				dvised funds	(b) Fun	ds and ot	ther acco	unts
1	Total number at er	nd of year			(,			
2		f contributions to (during year)							
3		f grants from (during year)							
4		t end of year							
5		on inform all donors and donor advisors in v		ets held in donor advis	ed funds	6			
	-	n's property, subject to the organization's	-					Yes	🗌 No
6		on inform all grantees, donors, and donor a							
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or t	or any other purpose	conferrin	ng			
		ate benefit?						Yes	No No
Pa	rt II Conserva	ation Easements. Complete if the org	ganization answered	d "Yes" on Form 990,	Part IV, l	ine 7.			
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that ap	pply).					
		of land for public use (for example, recrea	tion or education)	Preservation of	f a histor	ically	importan	t land are	а
	Protection o	f natural habitat		Preservation of	f a certifi	ed his	storic stru	icture	
		of open space							
2		through 2d if the organization held a qualif	ied conservation co	ontribution in the form	of a con	serva			
	day of the tax year				- H		Held at th	he End of t	he Tax Year
a					······ -	2a			
b	•			、 、		2b			
C		vation easements on a certified historic stru			······	2c			
d		vation easements included in (c) acquired a	•			04			
3						2d	during th	o toy	
3	year	vation easements modified, transferred, rele	easeu, extinguisnet	i, or terminated by the	organiza	alion		elax	
4		where property subject to conservation eas	sement is located						
5		tion have a written policy regarding the per		spection handling of					
•		orcement of the conservation easements it						Yes	No
6	,	r hours devoted to monitoring, inspecting,		ns. and enforcing cons	servation	ease	ments du		
•									
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, a	nd enforcing conserva	tion ease	ement	s during	the year	
~	Deep each and		a antiation the survey of		(L) / A) / D) /*)				
8		vation easement reported on line 2(d) abov						Vaa	
9		(4)(B)(ii)? be how the organization reports conservation						_ Yes	└── No
9		d include, if applicable, the text of the footn		-					
		ounting for conservation easements.	iote to the organiza		ents that	uesu			
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical	Treasures, or Ot	ther Sir	mila	r Asset	s.	
		the organization answered "Yes" on Form							
1a		elected, as permitted under FASB ASC 95			and balar	nce sh	neet work	s	
	•	easures, or other similar assets held for pub	· ·						
		Part XIII the text of the footnote to its finar		•		·r			
b	· •	elected, as permitted under FASB ASC 95				sheet	works of		
		ures, or other similar assets held for public							
		ng amounts relating to these items:							
	-	ded on Form 990, Part VIII, line 1					\$		
							\$		
2	If the organization	received or held works of art historical treat	asures or other sim	ilar assets for financia	l agin in	rovide			

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	le
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$

46384-12

\$

\$

44

Sche		VING FOUNDA					31-11			age 2
Pa	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other S	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that r	nake sigr	nificant u	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progran	n					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization	i's exemp	ot purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other	similar as	ssets				
	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arrang	gements. Complet	te if the organizatio	n answered "Y	es" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1 a	Is the organization an agent, trustee, custodia		•					_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:							
								Amount	t	
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1 f		7		
	Did the organization include an amount on Fo					?	L	Yes		No
Pa	If "Yes," explain the arrangement in Part XIII.									
Fai	't V Endowment Funds. Complete in	(a) Current year	(b) Prior year	rm 990, Part N (c) Two years			/ears back		Voaro	hack
4.	Designing of year halance	49,426,524.	55,606,958.	47,127,			10,859.		262,·	
-	Beginning of year balance	345,449.	2,215,952.		671.		69,094.		071,	
b	Contributions	4,007,782.	-6,485,185.				12,233.		455,	
C	Net investment earnings, gains, and losses	4,007,702.	-0,405,105.	10,100,	/51.	-2	12,233.	<u>ک</u>	4JJ,	/41.
d	Grants or scholarships									
е	Other expenditures for facilities	1,997,721.	1,891,965.	1,855,	501	1 7	65,000.	1	806,	000
	and programs	52,621.	19,236.		347.		75,246.	,	,	192.
	Administrative expenses	51,729,413.	49,426,524.	,			27,474.	48	910,	
g 2	End of year balance [Provide the estimated percentage of the current of the curr	, , ,		•	550.		27, 171.		510,	
2	Board designated or quasi-endowment	• 0000	%	i) neiù as.						
a b	Permanent endowment 86.8000	%	_70							
c b	Term endowment 13.2000									
U	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
3a	Are there endowment funds not in the posses		ion that are held ar	nd administere	d for the					
ou	organization by:							ſ	Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the								•	
Pa	t VI Land, Buildings, and Equipm	<u>u</u>								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, I	Part X, lin	ne 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Acc	cumulate	ed	(d) Bool	k value	 e
		basis (investm		(other)		eciation		.,		
1a	Land									
b	Buildings		16	6,457.	14	41,83	19.	24	1,63	38.
с	Leasehold improvements									
	Equipment			3,532.		2,9	51.		58	81.
	Other									
	I. Add lines 1a through 1e. (Column (d) must ed		. column (B). line 1	0c.)				2	5,21	L9.
							Schedule	D (Form	n 990)	2022

Schedule D (Form 990) 2022 OHIO LIVING FOUNDAT	IO	Ν
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Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INTERZONE	9,091,531.
(2) INVESTMENTS HELD BY 3RD PARTIES	19,171,387.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	28,262,918.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY LIABILITY	1,364,109.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,364,109.

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 OHIO LIVING FOUNDATION		31-1166164 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
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 VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Expe	nses 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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Pa	rt 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:

THROUGH THE ANNUAL SPEND RELEASE, THE ENDOWMENT IS INTENDED FOR THE
SUPPORT OF RESIDENTS AND CLIENTS WHOSE PERSONAL FUNDS ARE UNABLE TO PAY
FOR THEIR CARE AND TO SUPPORT THE OPERATIONS OF OHIO LIVING COMMUNITIES
AND OHIO LIVING HOLDINGS WHO RECEIVE FUNDING FROM CERTAIN SOURCES THAT IS
SIGNIFICANTLY BELOW ACTUAL EXPENSE INCURRED. CERTAIN CRITERIA OF THE
ENDOWMENT FUNDS FURTHER STIPULATE THAT THE ANNUAL SPEND RELEASE IS
RESTRICTED AS TO USE, SUCH AS CAPITAL IMPROVEMENTS OR SPIRITUAL LIFE
PROGRAMMING AT A PARTICULAR SITE.

232054 09-01-22

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)	
	Cabadula D (Earra 000) 000
232055 09-01-22	Schedule D (Form 990) 202

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2022		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			ZU	22	-
Depa	tment of the Treasury		Open to	Publ	ic	
	al Revenue Service		Inspe			
Nam	e of the organization		Employer id			mber
		OHIO LIVING FOUNDATION	31-1	16616	4	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ir, chet)			
h	If any of the haves	on line to an abacked did the exception follow a written policy recording powerst or				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		16		
2	•	rrovision of all of the expenses described above? If "No," complete Part III to explain n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		<u>1b</u>		
2	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice					
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
Ū		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.	511 10			
	Compensation					
	·	compensation consultant				
	·	ther organizations Approval by the board or compensation of	ommittee			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	•	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?			Х	
с		eive payment from an equity-based compensation arrangement?		4		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	,					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:				
а	The organization?			<u>6a</u>		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ıe			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)) 2022

232111 10-18-22

31-1166164

Page **2**

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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) LAURENCE C. GUMINA	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER	(ii)	552,867.	0.	1,265.	70,000.	8,074.	632,206.	0.
(2) ROBERT STILLMAN	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER/TREASURER	(ii)	352,440.	0.	1,290.	25,000.	14,705.	393,435.	0.
(3) DANA ULLOM-VUCELICH	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF HUMAN RESCOURCES OFFICER	(ii)	284,138.	0.	1,226.	25,000.	8,074.	318,438.	0.
(4) DANIEL GINIS	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FOUNDATION OFFICER	(ii)	226,793.	0.	846.	18,000.	8,074.	253,713.	0.
(5) MICHAELLA REES	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF BRAND & GROWTH OFFICER	(ii)	199,344.	0.	359.	18,000.	410.	218,113.	0.
(6) JENNIFER HOWELL	(i)	0.	0.	0.	0.	0.	0.	0.
CORP EXEC OF EMPLOYEE RELATIONS	(ii)	134,612.	0.	243.	0.	20,370.	155,225.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

PART I, LINE 3:

OHIO LIVING FOUNDATION RELIED ON A RELATED ORGANIZATION (OHIO LIVING)

THAT USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE

ORGANIZATION'S TOP MANAGEMENT OFFICIAL:

-COMPENSATION COMMITTEE

-INDEPENDENT COMPENSATION CONSULTANT

-FORM 990 OF OTHER ORGANIZATIONS

-COMPENSATION SURVEY OR STUDY

-APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

PART I, LINE 4B:

THE 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN IS AVAILABLE TO KEY

EMPLOYEES OF THE ORGANIZATION, AS DEFINED BY THE ORGANIZATION AND NOT

PART VII OF THE FORM 990. THE 457(F) NONQUALIFIED DEFERRED

COMPENSATION PLAN WILL VEST 100% AFTER 3 FISCAL YEARS OF CONTINUED

EMPLOYMENT HAVE CONCLUDED; OTHERWISE, AMOUNTS ARE FORFEITED.

AWARDED DEFERRED COMPENSATION AMOUNTS ARE REPORTED IN SCHEDULE J, PART

Schedule J (Form 990) 2022

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.

II, COLUMN C, AND WHEN VESTED ARE REPORTED IN COLUMN B(I). THERE WERE

NO 403B RETIREMENT AWARDS MADE.

Schedule J (Form 990) 2022

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

2

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Name of the organization

	Inspection
Employer	identification numbe

31-1166164

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Pai	rt I Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts			10 - 10		
25	Other (ART)	X	4		FAIR MARKET VALUE	
26	Other (MACHINERY AND E)	X	4		FAIR MARKET VALUE	
27	Other (PIANO))	X	1		FAIR MARKET VALUE	
28	Other (PLANTS)	Х	2		FAIR MARKET VALUE	
29	Number of Forms 8283 received by the organization					
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29		
					Yes No	0
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it	

НΔ	For Paperwork Reduction Act Notice see the Instructions for Form 990	nedule M (Fo	rm 990) 2022
	describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
b	If "Yes," describe in Part II.			
	contributions?		3	X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		Х	
b	If "Yes," describe the arrangement in Part II.			
	exempt purposes for the entire holding period?		a 📃	X
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for			
oou				

Lŀ ction Act Notice, see the Instructions for Form 990. dule M (Form 990) 20

232141 09-09-22

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.

232142 09-09-22	Schedule M (Form 990) 2022

10220513 147228 46384-1

SCHEDULE	С
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



31-1166164

OHIO LIVING FOUNDATION

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

THE OHIO LIVING FOUNDATION'S PURPOSE IS TO PARTNER WITH DONORS TO

PROVIDE CHARITABLE SUPPORT FOR THE PEOPLE, PROJECTS AND PROGRAMS OF

OHIO LIVING. OHIO LIVING SERVES PEOPLE OF ALL INCOME LEVELS AGE 55 AND

OVER IN ITS SENIOR LIVING COMMUNITIES, AND PRIMARILY ANY ADULT THROUGH

ITS HOME HEALTH AND HOSPICE SUBSIDIARY. CHARITABLE SUPPORT IS NEEDED

FOR OHIO LIVING TO CONTINUE TO SERVE ALL INCOME LEVELS, AS WELL AS

RESIDENTS RECEIVING LIFE CARE SUPPORT WHO, IN GOOD FAITH, HAVE

EXHAUSTED THEIR PERSONAL FUNDS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE OHIO LIVING FOUNDATION FULFILLS THE FUNDRAISING AND INVESTMENT

RESPONSIBILITIES OF OHIO LIVING COMMUNITIES AND OHIO LIVING HOLDINGS.

THE FOUNDATION SERVED:

OHIO LIVING BRECKENRIDGE VILLAGE

OHIO LIVING CAPE MAY

OHIO LIVING DOROTHY LOVE

OHIO LIVING LAKE VISTA

OHIO LIVING LLANFAIR

OHIO LIVING MOUNT PLEASANT

OHIO LIVING ROCKYNOL

OHIO LIVING SWAN CREEK

OHIO LIVING WESTMINSTER-THURBER

OHIO LIVING VINEYARD ON CATAWBA

OHIO LIVING HOLDINGS (7 REGIONAL SITES)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 55 Name of the organization

OHIO LIVING FOUNDATION

Employer identification number 31-1166164

OHIO LIVING SARAH MOORE

OHIO LIVING QUAKER HEIGHTS

LIFE CARE COMMITMENT: THE GOAL IS TO ASSURE OHIO LIVING COMMUNITIES

RESIDENTS THAT THEY WILL ALWAYS HAVE A HOME IN OUR COMMUNITIES EVEN IF,

IN GOOD FAITH, THEY EXHAUST THEIR PERSONAL FUNDS.

HOME HEALTH & HOSPICE:

THE GOAL IS TO HELP OLDER ADULTS REMAIN INDEPENDENT. GIFT SUPPORT

PROVIDES ASSISTANCE FOR A VARIETY OF COMMUNITY BASED SERVICES,

INCLUDING HOME HEALTH CARE, PERSONAL CARE AND HOSPICE.

SPIRITUAL LIFE:

THE GOAL IS TO ENHANCE THE SPIRITUAL LIVES OF OUR RESIDENTS. NINE OF

OUR CAMPUSES HAVE CHAPLAINS ON STAFF AND MOST COMMUNITIES HAVE THEIR

OWN CHAPEL. GIFT SUPPORT HELPS PROVIDE PROGRAMS FOR RESIDENTS AND

FAMILIES AS WELL AS TRAINING FOR STAFF.

REHABILITATION:

THE GOAL IS TO HELP PATIENTS RECOVER FROM INJURY OR ILLNESS SO THEY CAN

REGAIN THEIR INDEPENDENCE AND CONTINUE TO LIVE LIFE TO THE FULLEST.

GIFT SUPPORT PROVIDES ASSISTANCE FOR A VARIETY OF SERVICES, INCLUDING

NEW EQUIPMENT, ENHANCED TECHNOLOGY, PHYSICAL IMPROVEMENTS, AND

ADDITIONAL STAFF TRAINING.

CAPITAL SUPPORT:

THIS INCLUDES ONGOING RENOVATIONS OF CURRENT FACILITIES AND THE

DEVELOPMENT OF SPECIAL USE SPACE. THE FOUNDATION HELPS MEET OHIO LIVING 232212 10-28-22

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Schedule O (Form 990) 2022

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10220513 147228 46384-1
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Name of the organization

OHIO LIVING FOUNDATION

COMMUNITIES LARGER CAPITAL NEEDS THROUGH CAMPAIGNS THAT SUPPORT

SPECIFIC PROJECTS.

ENDOWMENT SUPPORT:

MANY DONORS WANT TO ENSURE THAT THE PROGRAMS THEY SUPPORT NOW WILL BE

AVAILABLE FOR OLDER ADULTS IN THE YEARS TO COME. ENDOWMENT FUNDS ARE

PERMANENTLY INVESTED TO PROVIDE INCOME FOR THE LONG TERM BENEFIT OF

OHIO LIVING. ONLY THE INCOME FROM AN ENDOWMENT FUND CAN BE USED,

LEAVING THE PRINCIPAL PRESERVED TO PERMANENTLY SUPPORT THE DONOR'S

SELECTED PURPOSE.

FORM 990, PART VI, SECTION A, LINE 6:

OHIO LIVING, AN OHIO NONPROFIT CORPORATION, IS THE SOLE MEMBER OF OHIO

LIVING FOUNDATION AND SHALL HAVE AND EXERCISE ALL OF THE RIGHTS AND

PRIVILEGES OF MEMBERS OF A NONPROFIT CORPORATION CONFERRED UNDER THE LAWS

OF THE STATE OF OHIO.

FORM 990, PART VI, SECTION A, LINE 7A:

THE OHIO LIVING, OHIO LIVING COMMUNITIES AND OHIO LIVING HOLDINGS BOARD OF DIRECTORS HAS THE POWER TO APPOINT OR REMOVE THE BOARD OF DIRECTORS OF THE OHIO LIVING FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7B:

THE CODE OF REGULATIONS OF OHIO LIVING FOUNDATION MAY BE AMENDED BY A

MAJORITY VOTE OF THE DIRECTORS PRESENT AT ANY MEETING AT WHICH THERE IS A

QUORUM IN ATTENDANCE, PROVIDED NOTICE OF THE MEETING AND THE PROPOSED

CHANGES IN THE CODE OF REGULATIONS HAVE BEEN GIVEN TO ALL DIRECTORS NO

FEWER THAN TWENTY-ONE (21) DAYS IN ADVANCE OF SUCH A MEETING. THE ARTICLES
232212 10-28-22
Schedule O (Form 990) 2022
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2022.05090 OHIO LIVING FOUNDATION 46384-12
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Name of the organization OHIO LIVING FOUNDATION	Employer identification number 31-1166164
ONIC HIVING FOUNDATION	
OF INCORPORATION OF OHIO LIVING FOUNDATION MAY ALSO BE AN	MENDED IN THE SAME
AANNER. NOTWITHSTANDING THE FOREGOING, ALL AMENDMENTS TO	THIS CODE OF
REGULATIONS AND THE ARTICLES OF INCORPORATION OF OHIO LIV	JING FOUNDATION
MUST BE RATIFIED BY OHIO LIVING IN ITS ROLE AS SOLE MEMBI	ER.
FORM 990, PART VI, SECTION B, LINE 11B:	
AFTER MANAGEMENT PERFORMS A DETAILED REVIEW OF THE DRAFT	990, THE
DRGANIZATION DELEGATES THE REVIEW OF THE 990 TO A BOARD N	MEMBER WITH
SUFFICIENT EXPERIENCE TO EVALUATE THE CONTENT CONTAINED	THEREIN. THE
MEMBER THEN REPORTS HIS/HER REVIEW FINDINGS TO THE BOARD	AND FINANCE
COMMITTEE. A DRAFT OF THE FORM 990 IS POSTED TO THE ONL	INE BOARD PORTAL
AND EACH BOARD MEMBER IS GRANTED ACCESS TO REVIEW AND COM	MENT. THE FINAL
ISSUED FORM 990 IS ALSO POSTED TO THE BOARD PORTAL PRIOR	TO FILING.

FORM 990, PART V, LINE 1A AND 2A

ALL W-2S AND 1099S ARE ISSUED FROM A RELATED PARTY, OHIO LIVING, A

COMMON PAYMASTER.

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

THE BOARD INQUIRES ABOUT CONFLICTS PRIOR TO EACH MEETING. ANNUALLY A WRITTEN DISCLOSURE IS CIRCULATED. IN ORDER TO CONTINUE SERVING, A MEMBER MUST COMPLETE THE WRITTEN DISCLOSURE. THE CORPORATE SECRETARY REVIEWS DISCLOSURES FOR CONFLICTS OF INTEREST. IF A CONFLICT ARISES, MEMBERS MUST RESOLVE THE CONFLICT OR BE REMOVED FROM SERVICE. THE GOVERNING BOARD AND ALL EMPLOYEES OF OHIO LIVING FOUNDATION ARE BOUND BY THE CONFLICT OF INTEREST POLICY. THE CORPORATE SECRETARY IS RESPONSIBLE FOR DETERMINING IF A CONFLICT OF INTEREST EXISTS. IF A CONFLICT OF INTEREST ARISES OR IS 232212 10-28-22 58

10220513 147228 46384-1

Name of the organization	Employer identification number
0	
OHIO LIVING FOUNDATION	31-1166164
DISCOVERED, THE INDIVIDUAL WITH THE CONFLICT MUST EITHER R	ESOLVE THE
CONFLICT OF INTEREST OR MUST NOT SERVE IN THE MATTER WHICH	GIVES RISE TO
THE CONFLICT. ANY MEMBERS INVOLVED IN A VOTING MATTER WHO	HAVE A CONFLICT
OF INTEREST WITH RESPECT TO THAT VOTING MATTER MUST EXCUSE	THEMSELVES BY

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

THE CHIEF HUMAN RESOURCES OFFICER OF OHIO LIVING IN CONJUNCTION WITH THE OHIO LIVING EXECUTIVE COMPENSATION AND EVALUATION COMMITTEE (ECEC) OF THE BOARD OVERSEE THE COMPENSATION OF THE EXECUTIVE LEADERSHIP PERSONNEL. THE ECEC IS COMPRISED OF KEY BOARD MEMBERS WHO INCLUDE THE BOARD CHAIR FROM EACH SUBSIDIARY BOARD, THE BOARD CHAIR FROM THE OHIO LIVING PARENT BOARD, AND THE FINANCE, AUDIT, ETHICS & COMPLIANCE COMMITTEE CHAIR. THE ECEC IS GOVERNED BY A CHARTER AND MEETS REGULARLY. RESOURCES USED BY THE ECEC INCLUDE MARKET SURVEYS AVAILABLE THROUGH HEALTHCARE, LONG-TERM CARE, HOSPICE AND HOME HEALTH DATA COLLECTION CLEARINGHOUSES, INDEPENDENT CONSULTANTS AND OTHER AVAILABLE RESOURCES THAT ARE IN COMPLIANCE WITH ANTI-TRUST REGULATIONS. DECISIONS INVOLVING EXECUTIVE LEADERSHIP PAY ARE DISCUSSED AND APPROVED DURING EXECUTIVE SESSIONS OF THE OHIO LIVING PARENT BOARD MEETINGS. THIS PROCESS IS UPDATED ANNUALLY AND REVIEWED THROUGHOUT THE YEAR DURING QUARTERLY MEETINGS. THE CEO, EXECUTIVE OFFICERS AND KEY EMPLOYEES ARE PAID FROM AND RECEIVE W-2'S FROM OHIO LIVING, AND ARE SUBJECT TO THE ABOVE PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE PROVIDED UPON WRITTEN REQUEST.

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization OUT O I TUTNO FOUNDATION	Page 2 Employer identification number
OHIO LIVING FOUNDATION	31-1166164
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BOOK ENTRY TO CLOSE OUT CUMULATIVE INTERCOMPANY ACCOUNTS	ГО
NET ASSETS	-143,975.
CAPITAL TRANSFERS	-969,881.
TOTAL TO FORM 990, PART XI, LINE 9	-1,113,856.
232212 10-28-22 60 220513 147228 46384-1 2022.05090 OHIO LIVING	Schedule O (Form 990) 2022 FOUNDATION 46384

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Related Organizations and Unrelated Partnerships

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

22

Employer identification number

31-1166164

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

OHIO LIVING FOUNDATION

(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
	-				

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
OHIO LIVING - 31-1340918							
9200 WORTHINGTON ROAD, SUITE 300				LINE 12C,			
WESTERVILLE, OH 43082	SUPPORT/PARENT	оніо	501(C)(3)	III-FI	N/A		х
OHIO LIVING COMMUNITIES - 34-4429863							
9200 WORTHINGTON ROAD, SUITE 300							
WESTERVILLE, OH 43082	HOUSING AND CARE	оніо	501(C)(3)	LINE 10	OHIO LIVING	X	
OHIO LIVING HOLDINGS - 27-2564811							
9200 WORTHINGTON ROAD, SUITE 300	HOME HEALTH AND HOSPICE						
WESTERVILLE, OH 43082	CARE	оніо	501(C)(3)	LINE 10	OHIO LIVING	x	
OHIO LIVING SARAH MOORE - 31-1510768							
26 N. UNION STREET	SKILLED CARE/ASSISTED				OHIO LIVING		
DELAWARE, OH 43015	LIVING	оніо	501(C)(3)	LINE 10	COMMUNITIES	x	

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

Schedule R (Form 990) 2022

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization



Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr organiz	1
				501(c)(3))		Yes	No
QUAKER HEIGHTS FOUNDATION, INC - 31-1575048	_						
514 W. HIGH STREET	4				OHIO LIVING		
WAYNESVILLE, OH 45068	SUPPORT/PARENT	оніо	501(C)(3)	LINE 12A, I	QUAKER HEIGHTS	X	
OHIO LIVING QUAKER HEIGHTS - 31-0538523	_						
514 W. HIGH STREET	SKILLED CARE/ASSISTED				OHIO LIVING		
WAYNESVILLE, OH 45068	LIVING	оніо	501(C)(3)	LINE 10	COMMUNITIES	X	
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Schedule R (Form 990) 2022 OHIO LIVING FOUNDATION

31-1166164 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.

	interentip dannig tite ta								1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)	
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 itions?			^{Il or} Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
										+	
	•										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(t contr	i) ction b)(13) rolled tity? No
OHIO PRESBYTERIAN RETIREMENT SERVICES	-								
DEVELOPMENT CORPORATION - 31-1166160, 9200									
WORTHINGTON ROAD, SUITE 300, WESTERVILLE, OH	INACTIVE	OH	N/A	C CORP	N/A	N/A	N/A	Х	
OHIO LIVING VENTURES LLC - 37-1960450									
9200 WORTHINGTON ROAD, SUITE 300									
WESTERVILLE, OH 43082	HOLD INVESTMENT	OH	N/A	C CORP	N/A	N/A	N/A	Х	
									
	-								
	-								
	4								

Schedule R (Form 990) 2022 OHIO LIVING FOUNDATION

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	X	
S	Other transfer of cash or property from related organization(s)	1s	X	
<u>s</u> 2	Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	<u>1s</u>	1	

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

Schedule R (Form 990) 2022 OHIO LIVING FOUNDATION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partnei 501(o org: Yes	e) all 's sec. c)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior alloca Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes I	al or Pe jing er? 01	(k) ercentage wnership

Schedule R (Form 990) 2022

OHIO LIVING FOUNDATION

Part VII Supplemental Information

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

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

OHIO PRESBYTERIAN RETIREMENT SERVICES DEVELOPMENT

CORPORATION

EIN: 31-1166160

9200 WORTHINGTON ROAD, SUITE 300

WESTERVILLE, OH 43082

Schedule R (Form 990) 2022

232165 09-14-22

	_	EXTENDED TO MAY 15, 2024	_	
Form 990-T	- E	Exempt Organization Business Income Tax Retur	'n	OMB No. 1545-0047
		(and proxy tax under section 6033(e))		
	For ca	lendar year 2022 or other tax year beginning $ \underline{JUL} 1, 2022$, and ending $ \underline{JUN} 30, 20$	23	2022
Department of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.	-	Open to Bublic Inspection for
Internal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address chang	ed.	Name of organization (Check box if name changed and see instructions.)		oyer identification number
B Exempt under section	on Print	OHIO LIVING FOUNDATION		1-1166164
X 501(c)(3)	Or Type	Number, street, and room or suite no. If a P.O. box, see instructions.	E Group (see in	exemption number
408(e) 220	(e) Type	9200 WORTHINGTON ROAD, 300		
408A 530	(a)	City or town, state or province, country, and ZIP or foreign postal code		_
529(a) 529	A	WESTERVILLE, OH 43082	F	Check box if
		ok value of all assets at end of year	_L	an amended return.
G Check organizat	ion type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
H Check if filing or		Claim credit from Form 8941 Claim a refund shown on Form 2439		
		ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
		ed Schedules A (Form 990-T)		
		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
		d identifying number of the parent corporation.	<u> </u>	000 000
		ROBERT B. STILLMAN Telephone number d Business Taxable Income Telephone number	614-	888-7800
		ss taxable income computed from all unrelated trades or businesses (see		20 275
				29,375.
				29,375.
3 Add lines 1 an		· · · · · · · · · · · · · · · · · · ·		29,375.
		(see instructions for limitation rules)		29,375.
		taxable income before net operating losses. Subtract line 4 from line 3		49,575.
	•	ng loss. See instructions	. 6	
		ss taxable income before specific deduction and section 199A deduction.		29,375.
Subtract line 6		o rally \$1,000, but see instructions for exceptions)		1,000.
				1,000.
		duction. See instructions		1,000.
		nes 8 and 9 able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		1,000.
enter zero			11	28,375.
	omputat	ion		2070700
	-	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	5,959.
		ates. See instructions for tax computation. Income tax on the amount on		•
Part I, line 11 1	_	Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. Se				
4 Other tax amo				
5 Alternative mir				
		cility income. See instructions		
	•	h 6 to line 1 or 2, whichever applies	. 7	5,959.
		ion Act Nation con instructions		Earm 990-T (2022)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

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	90-T (2022)			Page 2
Part	III Tax and Payments			
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2	5,9	59.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4	5,9	59.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022			
b	2022 estimated tax payments. Check if section 643(g) election applies 6b			
с	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total 6g			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		98.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	6,0	57.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part	I, line 6		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
	Business Activity Code Available post-2017 NOL c	arryover	·	
	\$			
	\$			
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V		<u></u>	
Part	V Supplemental Information			

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examin correct, and complete. Declaration of preparer (other t					wledge	and belief, it is true,	
Here			CFO/TREASURER			May the IRS discuss the preparer shown b		
	Signature of officer	Date	Title			instru	actions)? X Yes No	
	Print/Type preparer's name	Preparer's signature		Date	Check] if	PTIN	
Paid					self- employ	ed		
Preparer	. AMANDA M. COON	AMANDA M. CO	ON	05/13/24			P01754645	
Use Only		RAN, PLLC	AN, PLLC				38-1357951	
eee enig	250 S. HI							
	Firm's address COLUMBUS ,	ОН 43215	OH 43215			61	4-849-3000	
223711 01-16-2	23						Form 990-T (2022)	

71 2022.05090 OHIO LIVING FOUNDATION 463

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

F

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).

OMB No. 1545-0047

2	U	2	2	

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

1

B Employer identification number

1

of

31-1166164

D Sequence:

Α	Name of the organization	

OHIO LIVING FOUNDATION

C Unrelated business activity code (see instructions)

620000

Describe the unrelated trade or business **PARTNERSHIP INVESTMENT**

Par	t I Unrelated Trade or Business Income		(A) In	come	(B) Expense	s	(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					
4a	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a	1	0,457.			10,457.
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) STATEMENT 1	5	1	8,918.			18,918.
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	2	9,375.			29,375.
Par	t II Deductions Not Taken Elsewhere See instructi directly connected with the unrelated business in	come				uction	s must be
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses			·····		6	
7	Depreciation (attach Form 4562). See instructions			7			
8	Less depreciation claimed in Part III and elsewhere on return			8a		8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)					14	

15	Total deductions. Add lines 1 through 14	15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	29,375.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	29,375.
LHA	For Paperwork Reduction Act Notice, see instructions.	Schedu	le A (Form 990-T) 2022

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<u>che</u> d	ule A (Form 990-T) 2022				Page
Part		hod of inventory valuat	ion		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4 5	Additional section 263A costs (attach statement)				
5 6	Other costs (attach statement)				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter I				
9	Do the rules of section 263A (with respect to property)				. Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instru	ctions.	
	A				
	D	A	В	с	D
2	Rent received or accrued	A	B		0
ے a	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, co	lumn (A)	0.
3	Deductions directly connected with the income	through D. Enter here	and on Part I, line 6, co	lumn (A)	0.
3 4		through D. Enter here	and on Part I, line 6, co	lumn (A)	0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er	iter here and on Part I,			0.
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s	iter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er	iter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, o	iter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See i	instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B C D	iter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See i	instructions.	0.
4 5 2 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See i	instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See i	instructions.	0.
4 <u>5</u> <u>Part</u> 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See i	instructions.	0.
4 5 2 1 2 3 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See i	instructions.	0.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See i	instructions.	0.
4 5 2 1 2 3 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See i	instructions.	0.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See i	instructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See i	instructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See i	instructions.	0.
4 5 2 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	tter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See i	instructions.	0.
4 5 2 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	tter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See i	instructions.	0.
4 5 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	line 6, column (B) heck if a dual-use. See i B B %	C %	0.
4 5 2 art 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	line 6, column (B) heck if a dual-use. See i B B %	C %	D
4 5 2 3 2 3 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	A Note: the second se	line 6, column (B) heck if a dual-use. See i B B ft I, line 7, column (A)	C	0. D 9 0.
4 5 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D)		line 6, column (B) heck if a dual-use. See i B B ft I, line 7, column (A)	C	0. D 9 0.

^{2022.05090} OHIO LIVING FOUNDATION 46384-12

												1
	ule A (Form 990-T) 2022 VI Interest, Annu		and Re	nts fron	n Control	led Or	aanization		ee instruct	iono)	Page	3
rait							Exempt Control	,		,		—
	1. Name of controlled	d 2. Emp	loyer			al of specified 5. Part of colu		art of colur	mn 4	6. Deductions direct	y	
	organization	identific	ation	incom	ne (loss)	payn	nents made		included		connected with	
		numb	ber	(see ins	tructions)				s gross inc		income in column 5	;
<u>(1)</u>												
(2)												
(3)												
<u>(4)</u>												
			1		Controlled O	-			-		<u> </u>	
7	. Taxable Income	8. Net unrelate income (loss) (see instructior)		otal of specif yments mad		10. Part of that is inclusion controlling	luded	in the zation's		Deductions directly connected with come in column 10	
(1)							giuss	Incon				
(1) (2)												—
(3)												_
(4)												
Totals							Add colum Enter here line 8, c	and or	Part I,	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B) 0	•
Part	VII Investment I	ncome of a Sect	tion 501	(c)(7) (9) or (17)	Organ	jization (c	oo inct	ructions)		0	<u>•</u>
		ription of income			2. Amou		3. Deductio		4. Set-	asides	5. Total deductio	ns
					incor		directly conne (attach stater	ected	(attach st		(add cols 3 and 4	
(1)												
(2)												
(3)												
(4)					Add amou	unto in					Add amounts in	_
					column 2 here and o	. Enter n Part I,					column 5. Enter here and on Part	r I,
Totals					line 9, colu	umn (A)					line 9, column (E	•
Part	VIII Exploited Ex	xempt Activity In	ncome	Other T	han Adve		a Income	soo ing	structions)		0	<u>•</u>
1	Description of exploite			5				366 118	5000000			_
2	Gross unrelated busine		e or busin	ess. Enter	r here and o	n Part I.	line 10. colum	n (A)		2		
3	Expenses directly conr											
										3		
4	Net income (loss) from											
	lines 5 through 7									4		
5	Gross income from act									5		
6	Expenses attributable	to income entered on	line 5							6		
7	Excess exempt expense											
	4. Enter here and on P	art II, line 12								7		

Schedule A (Form 990-T) 2022

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	ule A (Form 990-T) 2022				Page 4
Part	U U				
1	Name(s) of periodical(s). Check box if reportin	ig two or more periodicals on a d	consolidated basis	5.	
	B				
	c 🗌				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
	······································	Α	В	с	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from lin	ie			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les	ss			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain o				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gr		al or zero here and	d on	0
Part	Part II, line 13 X Compensation of Officers, Dir	and Trustons			0.
Fait		ectors, and musices (S	ee instructions)	2 Dereentage	1 Componentian
	1. Name	2. Title		3. Percentage of time devoted	 Compensation attributable to
	I. Ivanic	2. Inte		to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (se	e instructions)			

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1

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
VIDA LONGEVITY FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	18,918.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	18,918.

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Yes X No

Employer identification number

31-1166164

OHIO LIVING FOUNDATION

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or le	loss.

	art I 🔰 Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
to ent	nstructions for how to figure the amounts ter on the lines below. form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round	off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
r w h H tı	otals for all short-term transactions eported on Form 1099-B for which basis vas reported to the IRS and for which you lave no adjustments (see instructions). However, if you choose to report all these ransactions on Form 8949, leave this line plank and go to line 1b					
	otals for all transactions reported on form(s) 8949 with Box A checked					
	otals for all transactions reported on					
	form(s) 8949 with Box B checked					
	otals for all transactions reported on					
	Form(s) 8949 with Box C checked					45.
	Short-term capital gain from installment sales	from Form 6252 line 26 or 3	7		4	
	Short-term capital gain or (loss) from like-kind				5	
	Jnused capital loss carryover (attach computa				6	()
	let short-term capital gain or (loss). Combine				7	45.
	art II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Thar	n One Year		·
to ent This f	nstructions for how to figure the amounts ter on the lines below. form may be easier to complete if you I off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
0 ri n if	otals for all long-term transactions reported on Form 1099-B for which basis was eported to the IRS and for which you have to adjustments (see instructions). However, f you choose to report all these transactions					
	on Form 8949, leave this line blank and go to ine 8b					
li						
li 8b T F	otals for all transactions reported on form(s) 8949 with Box D checked					
li 8b T F 9 T	ine 8b otals for all transactions reported on form(s) 8949 with Box D checked otals for all transactions reported on					
 8b T F 9 T	ine 8b otals for all transactions reported on form(s) 8949 with Box D checked otals for all transactions reported on form(s) 8949 with Box E checked					
i 8b T F 9 T F 10 T	ine 8b otals for all transactions reported on form(s) 8949 with Box D checked otals for all transactions reported on form(s) 8949 with Box E checked otals for all transactions reported on				_	10,412
li 8b T 9 T 9 T 10 T	ine 8b otals for all transactions reported on form(s) 8949 with Box D checked Totals for all transactions reported on form(s) 8949 with Box E checked Totals for all transactions reported on form(s) 8949 with Box F checked					10,412.
li 8b T 9 T 9 T 10 T F 11 E	ine 8b otals for all transactions reported on form(s) 8949 with Box D checked otals for all transactions reported on form(s) 8949 with Box E checked otals for all transactions reported on form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9				11	10,412.
li 8b T 9 T 9 T 10 T 11 E 12 L	ine 8b otals for all transactions reported on form(s) 8949 with Box D checked otals for all transactions reported on form(s) 8949 with Box E checked otals for all transactions reported on form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	10,412.
li 8b T F 9 T F 10 T F 11 E 12 L 13 L	ine 8b otals for all transactions reported on form(s) 8949 with Box D checked otals for all transactions reported on form(s) 8949 with Box E checked otals for all transactions reported on form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind	from Form 6252, line 26 or 3			12 13	10,412.
li 8b T F 9 T F 10 T F 11 E 12 L 13 L 14 (ine 8b Totals for all transactions reported on form(s) 8949 with Box D checked Totals for all transactions reported on form(s) 8949 with Box E checked Totals for all transactions reported on form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions	from Form 6252, line 26 or 3 d exchanges from Form 8824			12 13 14	
	ine 8b Totals for all transactions reported on form(s) 8949 with Box D checked Totals for all transactions reported on form(s) 8949 with Box E checked Totals for all transactions reported on form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions Net long-term capital gain or (loss). Combine	from Form 6252, line 26 or 3 d exchanges from Form 8824 lines 8a through 14 in colum			12 13	10,412.
	ine 8b otals for all transactions reported on form(s) 8949 with Box D checked otals for all transactions reported on form(s) 8949 with Box E checked otals for all transactions reported on form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions Net long-term capital gain or (loss). Combine art III Summary of Parts I and	from Form 6252, line 26 or 3 I exchanges from Form 8824 I lines 8a through 14 in colum	7 		12 13 14 15	10,412.
lii 8b T F 9 T F 10 T F 11 E 12 L 13 L 14 (0 15 N Pa 16 E	ine 8b otals for all transactions reported on form(s) 8949 with Box D checked otals for all transactions reported on form(s) 8949 with Box E checked otals for all transactions reported on form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions Net long-term capital gain or (loss). Combine fort III Summary of Parts I ance Enter excess of net short-term capital gain (lir	from Form 6252, line 26 or 3 d exchanges from Form 8824 <u>lines 8a through 14 in colum</u> I II e 7) over net long-term capita	7 n h I loss (line 15)		12 13 14 15 16	10,412.
	ine 8b otals for all transactions reported on form(s) 8949 with Box D checked otals for all transactions reported on form(s) 8949 with Box E checked otals for all transactions reported on form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions Net long-term capital gain or (loss). Combine art III Summary of Parts I and	from Form 6252, line 26 or 3 d exchanges from Form 8824 lines 8a through 14 in colum I II lie 7) over net long-term capita capital gain (line 15) over net	7 n h I loss (line 15) short-term capital loss (line		12 13 14 15	10,412.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2022

221051 12-16-22



Name(s) shown on return

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Sequence No. 12A Social security number or taxpayer identification no.

OHTO LITVING FOUNDATION

OHIO LIVING FO	DUNDATION					31-1	166164
Before you check Box A, B, or C be statement will have the same inform	low, see whether nation as Form 109	you received any 99-B. Either will s	r Form(s) 1099-B show whether you	or substitute staten ır basis (usually you	nent(s) fron r cost) was	n your broker. A su s reported to the IF	bstitute S by your
broker and may even tell you which Part I Short-Term. Transac		al assets you held	1 year or less are ge	enerally short-term (see	e instruction	s). For long-term	
transactions, see page 2. Note: You may aggregate a codes are required. Enter th							
You must check Box A, B, or C below.	Check only one bo	x. If more than one b	ox applies for your sho	rt-term transactions, comp	olete a separat	e Form 8949, page 1, for	
f you have more short-term transactions than w					,		
(A) Short-term transactions re	-	-		-	Note ab	ove)	
(B) Short-term transactions re		-	-	reported to the IRS			
X (C) Short-term transactions n	ot reported to you	u on Form 1099-E	3				
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in	loss. If y in column	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g)	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
VIDA LONGEVITY						,	
FUND, LP							45.
							ļ
2 Totals. Add the amounts in colu							
negative amounts). Enter each t		-					
Schedule D, line 1b (if Box A at		•					45.
above is checked), or line 3 (if l	BOX C above is ch	lecked)		1		1	40.

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Form 8949 (2022)				Attachm	nent Sequen	ce No. 12A	Page 2
Name(s) shown on return. Name and	d SSN or taxpaye	er identification n	o. not required if	shown on page 1			rity number or entification no.
OHIO LIVING FO	UNDATION					31-1	166164
Before you check Box D, E, or F bek statement will have the same inform broker and may even tell you which b	box to check.		-				
Part II Long-Term. Transacti see page 1.	ons involving capita	al assets you held n	nore than 1 year are	generally long-term (s	ee instructions	s). For short-term t	ransactions,
Note: You may aggregate all codes are required. Enter the							
You must check Box D, E, or F below.	Check only one bo	x. If more than one be	ox applies for your long	-term transactions, compl	ete a separate Fo	orm 8949, page 2, for e	
(D) Long-term transactions rep							
(E) Long-term transactions rep X (F) Long-term transactions no			-	eported to the IRS			
1 (a)	(b)	(c)	(d)	(e)		if any, to gain or	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of	Proceeds (sales price)	Cost or other basis. See the	in column (g	enter an amount), enter a code in See instructions.	Gain or (loss). Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
VIDA LONGEVITY						aujustment	
FUND, LP							10,412.
2 Totals. Add the amounts in colu							
negative amounts). Enter each to		-					
Schedule D, line 8b (if Box D ab above is checked), or line 10 (if l		•					10,412.
Note: If you checked Box D above b			vas incorrect, ent	er in column (e) the	basis as rep	ported to the IRS	·
adjustment in column (g) to correct	•						

SCHEDULE O (Form 1120) (Rev. December 2018)

Department of the Treasury

Consent Plan and Apportionment Schedule for a Controlled Group

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC. ► Go to www.irs.gov/Form1120 for instructions and the latest information

Name Employer identification number OHIO LIVING POUNDATION 31-1166164 PartI Apportionment Plan Information 31-1166164 I Type of controlled group: Contained group I Type of controlled group: Contained group I Difference ister group Contained group I Contained group	Internal Revenue Service	Go to www.irs.gov/Form1120 for instructions and the latest information.		
Part I Apportionment Plan Information 1 Type of controlled group: a Part-aubidiary group b Brothe-sister group c Controlled group c From	Name		Employer	identification number
Part. Apportionment Plan Information 1 Type of controlled group:	OHIO LIVI	NG FOUNDATION	31-	1166164
 a grant-subsidiary group b brother-sister group c Combined group c It finaurance companies only 2 This corporation has been a member of this group: a dopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tay year which ends on			01	
 a provide entire year. b prom	a X Parent-subsidial b Brother-sister g c Combined group	y group roup D		
 a provide entire year. b prom	2 This corporation has be	een a member of this group:		
 3 This corporation consents and represents to: Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan gravers. b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending	'	5 1		
 a	b From	, until		
 plan was: a	 a Adopt an apport the current tax y b Amend the current tax y b Amend the current day years. c Terminate the current adopting an app d Terminate the current adopting an apportionme 	ionment plan. All the other members of this group are adopting an apportionment plan effective for rear which ends on, and for all succeeding tax years. ent apportionment plan. All the other members of this group are currently amending a previously hich was in effect for the tax year ending, and for all succeed urrent apportionment plan and not adopt a new plan. All the other members of this group are not ortionment plan. urrent apportionment plan and adopt a new plan. All the other members of this group are not ortionment plan. urrent apportionment plan and adopt a new plan. All the other members of this group are adopting, and for all succeed ortionment plan. urrent apportionment plan and adopt a new plan. All the other members of this group are adopting, and	-	
 apportionment plan (see instructions). a No apportionment plan is in effect and none is being adopted. b An apportionment plan is already in effect. It was adopted for the tax year ending, and for all succeeding tax years. 6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions. a Yes. (i) The statute of limitations for this year will expire on, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until b X No. The members may not adopt or amend an apportionment plan. 	plan was: a Elected by the c	omponent members of the group.		
 (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions. a Yes. (i) The statute of limitations for this year will expire on (ii) On, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until b X No. The members may not adopt or amend an apportionment plan. 	apportionment plan (se a No apportionme b An apportionme	e instructions). nt plan is in effect and none is being adopted. nt plan is already in effect. It was adopted for the tax year ending	, and	
7 If the corporation has a short tax year that does not include December 31, check the box. See instructions.	(including extensions) o from the date this corpo instructions. a Yes. (i) The statute (ii) On Internal Rev	f the tax return for this corporation, is there at least one year remaining on the statute of limitations ration filed its amended return for such tax year for assessing any resulting deficiency? See		

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

213335 04-01-22 LHA

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Yes X No

Employer identification number

31-1166164

OHIO LIVING FOUNDATION

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain of	or loss.

Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					45.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ition)			6	()
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7	45.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Tha	n One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					10 410
Form(s) 8949 with Box F checked					10,412.
•				11	
12 Long-term capital gain from installment sales		7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
				14	10.410
15 Net long-term capital gain or (loss). Combine		n h		15	10,412.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin				16	45.
17 Net capital gain. Enter excess of net long-term				17	10,412.
18 Add lines 16 and 17. Enter here and on Form		plicable line on other returns	S	18	10,457.
Note: If losses exceed gains, see Capital Los	ses in the instructions.				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

221051 12-16-22



Name(s) shown on return

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074
2022

Attachment Sequence No. **12A** Social security number or

taxpayer identification no.

OHIO LIVING FO	UNDATION					31-1	166164
Before you check Box A, B, or C bell statement will have the same information	ow, see whether ation as Form 10	you received any 99-B. Either will s	/ Form(s) 1099-B o show whether you	or substitute statem r basis (usually you	nent(s) fron r cost) was	n your broker. A su s reported to the IR	bstitute S by your
broker and may even tell you which I Part I Short-Term. Transact		al assets vou held	1 vear or less are ge	nerally short-term (see	e instruction	s). For long-term	
transactions, see page 2. Note: You may aggregate al codes are required. Enter the	l short-term transac	tions reported on I	Form(s) 1099-B show	ing basis was reporte	ed to the IRS	and for which no ad	
You must check Box A, B, or C below.	Check only one bo	x. If more than one b	ox applies for your shor	t-term transactions, comp	lete a separat	e Form 8949, page 1, for	
If you have more short-term transactions than will (A) Short-term transactions re					-		
(B) Short-term transactions re		,	0	,	note ap	ove)	
(C) Short-term transactions re	· · · ·	,	0	eported to the IRS			
				(a)	Adjustmer	nt, if any, to gain or	(b)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If y	où enter an amount	(h) Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the		(g), enter a code in). See instructions.	Subtract column (e)
		(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) &
				see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (g)
VIDA LONGEVITY						adjustment	(g)
FUND, LP							45.
FOND, HE							4.5.
							<u> </u>
2 Totals. Add the amounts in colur	$\frac{1}{mns(d)(e)(a)}$	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 1b (if Box A abo							
above is checked), or line 3 (if B		•					45.
Note: If you checked Box A above b			was incorrect ent	er in column (e) the	basis as r	eported to the IRS	·
adjustment in column (g) to correct						-	

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Form 8949 (2022)				Attachm	nent Sequenc	ce No. 12A	Page 2
Name(s) shown on return. Name and	SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.
OHIO LIVING FO							166164
Before you check Box D, E, or F belo statement will have the same information		you received any 99-B. Either will s	r Form(s) 1099-B o show whether you	or substitute statem Ir basis (usually you	ent(s) from yo r cost) was re	our broker. A su eported to the IF	bstitute S by your
Part II Long-Term. Transaction see page 1.		al assets you held r	nore than 1 year are	generally long-term (s	ee instructions). For short-term t	ransactions,
Note: You may aggregate all codes are required. Enter the							
You must check Box D, E, or F below. O If you have more long-term transactions than will	Check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate Fo	rm 8949, page 2, for e	
(D) Long-term transactions rep					-		
(E) Long-term transactions rep			•			-)	
X (F) Long-term transactions not			•	•			
1 (a)	(b)	(c)	(d)	(e)		if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other	l in column (a	enter an amount), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the Note below and	column (f). S	ée instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see <i>Column (e)</i> in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
VIDA LONGEVITY							
FUND, LP							10,412.
				1			
2 Totals. Add the amounts in colur	nns (d), (e), (a), a	nd (h) (subtract		1			
negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo							
above is checked), or line 10 (if E	Box F above is cl	necked)					10,412.
Note: If you checked Box D above b	-				-		
adjustment in column (g) to correct t	he basis. See C	<i>olumn (g</i>) in the s	separate instruction	ons for how to figur	e the amoun		
223012 10-24-22						F	orm 8949 (2022)

Form	2220
	nent of the Treasury Revenue Service

Name

Underpayment of Estimated Tax by Corporations

FORM 990-T

Attach to the corporation's tax return. Go to www.irs.gov/Form2220 for instructions and the latest information. OMB No. 1545-0123

2022 Employer identification number

31-1166164

OHIO	LIVING	FOUNDATION

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	5,959.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)			
d Total. Add lines 2a through 2c			
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The does not owe the penalty			5,959.
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 3 on line 3.	4	1,788.	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to		1 700	
enter the amount from line 3		1,788.	
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are check even if it does not owe a penalty. See instructions.	ked, the corporation must	file Form 2220	
6 The corporation is using the adjusted seasonal installment method.			
7 The corporation is using the annualized income installment method.			

The corporation is a "large corporation" figuring its first required installment based on the prior year's tax

Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)
9	Installment due dates. Enter in columns (a) through (d) the					
	15th day of the 4th (Form 990-PF filers: Use 5th month),					
	6th, 9th, and 12th months of the corporation's tax year	9	10/15/22	12/15/22	03/15/23	06/15/23
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10	447.	447.	447.	447.
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					
	See instructions	11				
	Complete lines 12 through 18 of one column					
	before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12				
13	Add lines 11 and 12	13				
14	Add amounts on lines 16 and 17 of the preceding column	14		447.	894.	1,341.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16		447.	894.	
17						
	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17	447.	447.	447.	447.
18	Overpayment. If line 10 is less than line 15, subtract line 10					
	from line 15. Then go to line 12 of the next column	18				
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV	if th	ere are no entries on lin	e 17 - no penalty is owed	i.	
	A Fee Deserved, Deduction Act Nation and consume insta-					Farmer 0000 (0000)

For Paperwork Reduction Act Notice, see separate instructions. LHA

Form **2220** (2022)

212801 01-24-23

10220513 147228 46384-1

OHIO LIVING FOUNDATION Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
0	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
I	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21				
2	Underpayment on line 17 x Number of days on line 21 x 4% (0.04) 365	22	\$	\$	\$	\$
3	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23				
4	Underpayment on line 17 x Number of days on line 23 x 5% (0.05) 365	24	\$	\$	\$	\$
5	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25				
6	Underpayment on line 17 x Number of days on line 25 x 6% (0.06) 365	26	\$	\$	\$	\$
7	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE	ATTACHED W	ORKSHEET	
B	Underpayment on line 17 x Number of days on line 27 x 7% (0.07) 365	28	\$	\$	\$	\$
9	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29				
D	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
1	Number of days on line 20 after 6/30/2023 and before 10/1/2023 $\hfill \ldots$	31				
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
3	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33				
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
5	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35				
3	Underpayment on line 17 x Number of days on line 35 x %	36	\$	\$	\$	\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
ļ	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns		ere and on Form 1120, lir			\$ 98

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2022)

46384-12

FORM 990-T

Form	2220	(2022)

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Nu	umber
OHIO LIVING	FOUNDATION			31-110	56164
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
10/15/22	447.	447.	61	.000164384	4
12/15/22	447.	894.	16	.000164384	2
12/31/22	0.	894.	74	.000191781	13
03/15/23	447.	1,341.	92	.000191781	24
06/15/23	447.	1,788.	107	.000191781	37
09/30/23	0.	1,788.	46	.000219178	18
enalty Due (Sum of Colur					98

* Date of estimated tax payment, withholding credit date or installment due date.

212511 04-01-22