# **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.

			1	Det		**PU									<b>. .</b>		OMB No. 1545-0047
For	m <b>9</b>	90	Und											ncome cept private			2021
					Do not e	enter soc	ial secu	ity nu	mbers	on this	s form	n as it i	nay b	be made pu	ıblic.		Open to Public
Inter	rnal Reven	the Treasury ue Service												informatio			Inspection
Α	For the	2021 calend	ndar ye	ar, or tax	year be	ginning	JUL	1,	202	21	and	d endir	g J	<u>JUN 30</u>	, 202	22	
	Check if applicable	E Name of	of orga	anization										D Emplo	oyer iden	tificati	ion number
	Addres change Name	, OHIO		IVING	FOUL	IDATI	ON							1	1100	-1 - 4	
Ļ	change	0													-1166		
	return Final			street (or ORTHI				d to st	reet add	lress)		Room <b>300</b>			10ne num 4 – 8 8 8		0.0
	return/ termin- ated			state or p				or fore	eian por	stal coo	le			G Gross re			11,186,903.
Г	Amend			VILLE		430								H(a) Is th		p retur	
	Applica tion					officer: L	AURE	NCE	с.	GUM	INA			7	ubordina		
	pending	<sup>g</sup> SAME												H(b) Are al	l subordinat	es includ	ed? Yes No
1	Tax-exe	mpt status:	<b>X</b> 5	501(c)(3)	50	1(c) (	)◀	(insert	no.)	494	7(a)(1)	) or 🗌	527				. See instructions
		e: 🕨 WWW 🛛				DRG/F	OUND	<u>ATIC</u>	ON					<b>H(c)</b> Grou			
<u>K</u>		organization:		Corporation	۲ <u>۱</u>	Frust 🗌	Associ	ation	<u> </u>	Other 🕨		L	. Year	of formation	<u>: 1986</u>	5 M St	tate of legal domicile: OH
P		Summary	-														
Governance	1 E	Briefly describ	ribe the	) organiza	tion's mi	ssion or r	nost sigr	iificant	t activit	ies: <u>S</u>	EE	SCH	EDU	ILE O			
nar	2	Check this bo	oox 🕨	· 🗌 if f	the orga	nization d	iscontinu	ued its	operat	ions or	dispo	osed of	more	e than 25% (	of its net	assets	
Iavo	3 1	Number of vot	oting n	nembers (	of the go	verning b	ody (Par	t VI, lir	ne 1a)							3	14
		Number of ind	ndepen	ident votii	ng memt	ers of the	e govern	ng bo	dy (Par	t VI, lin	e 1b)					4	12
800	5 1	Total number	er of inc	dividuals e	employed	l in calen	dar year	2021 (	Part V,	line 2a	)					5	0
vitie	6 1	Total number	er of vol	lunteers (	estimate	if necess	ary)									6	12
Activities &	7a⊺	Total unrelated														7a	9,516.
_	' b l	Net unrelated	d busir	<u>ness taxal</u>	ble incon	ne from F	orm 990 <sup>,</sup>	T, Par	t I, line	11						7b	8,516.
														Prior \			Current Year
<u>a</u>	8 (	Contributions	ns and g	grants (Pa	art VIII, lir	ne 1h)								3,40	3,249		4,609,931.
Revenue	9 1	Program servi	vice re	venue (Pa	art VIII, lir	ne 2g)									-	).	0.
Sev 2	5 <b> 10</b> ∣	Investment ind												2,97			3,173,025.
	111 (	Other revenue	· ·	,	( )/	,		,		,				6 0.0	-	).	0.
		Total revenue								(A), line	e 12)			6,38	1,940		7,782,956.
		Grants and sir			• •	,	( )/		3)							).	0.
		Benefits paid t												1 0 0		).	0.
es	g <b>15</b> S	Salaries, other												1,26	<u>4,606</u>		1,429,695.
Expenses	2   16a	Professional fu						1e)	,	1 60	0 0	000			L L	).	0.
a X	b b	Total fundraisi							► <u>1</u>					65	1 1 5 4	1	1 006 702
	1 1 1	Other expense												1,91	$\frac{4,154}{260}$		1,086,783.
		Total expense													<u>8,780</u> 3,180		2,516,478. 5,266,478.
		Revenue less	s expe	nses. Sub	stract line	e 18 from	line 12	<u></u>		<u></u>			-	-	-		
Net Assets or		T - 4 - 1 4 - /F											Be	eginning of C 93,57			End of Year 83,000,724.
SSe.		Total assets (F													0,002 3,591		1,999,726.
let A	21	Total liabilities												91,27			81,000,998.
	<u>∃ 22</u> ⊺ art II	Net assets or Signature			Subtrac	i ine 21 1	rom line	20	<u></u>					91,41	,,0/1	- •	01,000,330.
		-				ned this ro	turn inclu	Idina a	CCOMPO	nvinger	hedul	es and c	tatom	ents and to t	he hest of	mykny	owledge and belief, it is
	-	t, and complete.						-								IIIY KIIU	זייוטעד מווע אלוולו, וג וא
uut				παιστιστμ	10 parei (l	unor unail	0111061 / 18	ມແວບັນ	on all III	iormatil		vinen hi	opaiti	nas any KIIU	mouye.		
Sig		Signature	ure of of	fficer										I D	ate		
He				B. S'	TILL	IAN.	CFO/	rr E <i>l</i>	ASUR	ER							

nere		0, 1112110 011211						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	AMY CIMINELLO	AMY CIMINELLO	05/10/23 self-employed P00796388					
Preparer	Firm's name 🕨 PLANTE & MORAN,	PLLC	Firm's EIN ▶ 38-1357951					
Use Only	Firm's address 250 S. HIGH ST,	SUITE 100						
	COLUMBUS, OH 432		Phone no. $614 - 849 - 3000$					
May the II	May the IRS discuss this return with the preparer shown above? See instructions							
			- 000 (*****)					

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

				Form <b>990</b> (202-
4e	Total program service expenses	moluuling grante U Ø	ן נוופאפוועב א	
4d	Other program services (Describe on (Expenses \$	Schedule O.) including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$)	
ΗIJ	(coue:) (Expenses \$	including grants of \$	) (Revenue \$)	
4a	revenue, if any, for each program served         (Code:) (Expenses \$)         SEE       SCHEDULE	/ICE reported.	<b>0</b> • ) (Revenue \$	0.
4	Section 501(c)(3) and 501(c)(4) organi	service accomplishments for each of its thr zations are required to report the amount of	ee largest program services, as measured by e of grants and allocations to others, the total exp	
3	If "Yes," describe these new services Did the organization cease conductin	on Schedule O. g, or make significant changes in how it co	nducts, any program services?	Yes X No
2		gnificant program services during the year	which were not listed on the	Yes X No
	CHARITABLE SUPPORT LIVING.	FOR THE PEOPLE, PROJE	CTS AND PROGRAMS OF OHIC	)
		ION'S MISSION IS TO P	ARTNER WITH DONORS TO PH	
1	Briefly describe the organization's mis	ssion:		

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 Form 990 (2021)
 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 21
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ū	Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D. Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d	х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>	- 23	
•	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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	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	40		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>–</b> "		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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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	<u> </u>		
	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	<b>Section 501(c)(3) organizations.</b> 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			
0.	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	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			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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Par	<b>V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)			¥.	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	No
Lu	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-file}$ . See instruction				
3a			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	Х	
	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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	ction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$		9b		
0	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b		10b	-		
1	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а			<u>13a</u>		
	<b>Note:</b> 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			37
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
_	If "Yes," see the instructions and file Form 4720, Schedule N.				37
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
_	If "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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 OHIO LIVING FOUNDATION
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 Page

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 92 9h or 10h holo , describe the circumstar -Cabadula O Ca

	Check if Schedule O contains a response or note to any line in this Part VI			X
	tion A. doverning body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14	L		
	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 12	2		
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?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	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		Х
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 <b>NONE</b>			
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)	availat	ble

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨
	ROBERT B. STILLMAN $- 614 - 888 - 7800$

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	ROBEI	RT B. STILLMA	AN - 63	14-888-	-7800				
	9200	WORTHINGTON	ROAD,	SUITE	300,	WESTERVILLE,	OH	43029	
132006	12-09-21								Form <b>990</b> (2021)

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Form 990 (2021)	OHIO LIVING FOUNDATION	31-1166164	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employ	yees, and Independent Contractors								
Check if	Schedule O contains a response or note to any line in this Part VII								
Section A. Officers	s, Directors, Trustees, Key Employees, and Highest Compensated Employ	ees							
1a Complete this tak	<b>1a</b> 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.								
<ul> <li>List all of the or</li> </ul>	rganization's current officers, directors, trustees (whether individuals or organ	izations), regardless of amount of compensi	ation.						

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."

OHTO LIVING FOUNDATION

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

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

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

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

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

Name and title         Average hours per hou	(A)	(B)			(0				(D)	(E)	(F)
hours per week (its any nours for related organization below line)         box.unsessperson is both an related organization below line)         compensation from below line)         compensation below line)         compensation the below line)         compensation below line)         compensation the below line)           (1) LAURENCE C. GUMINA (2) ROBENT STILLARN (3) DANIEL GINIS         3.00         X         X         0.         0.         230,905.         28,445.           (3) DANIEL GINIS         40.00         X         X         0.         0.         0.         0.           (4) DANIEL GINIS         40.00         X         X         0.         0. <td>Name and title</td> <td>Average</td> <td>(do</td> <td></td> <td></td> <td></td> <td></td> <td>ne</td> <td>Reportable</td> <td>Reportable</td> <td>Estimated</td>	Name and title	Average	(do					ne	Reportable	Reportable	Estimated
Week (list ary) nours for related organizations below line)         Total and and below line)         Total and and and and and and and and and and		hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
(1)         LAURENCE C. GUMINA         2.00         x         x         x         0.         566,872.         68,445.           (2)         ROBERT STILLMAN         38.00         x         x         0.         359,925.         43,024.           (3)         ROBERT STILLMAN         37.00         x         0.         359,925.         43,024.           (3)         ROBERT STILLMAN         37.00         x         0.         359,925.         43,024.           (3)         DANA ULOM-VUCELICH         1.00         x         0.         274,365.         35,879.           (4)         DARIEL GINIS         40.00         x         x         0.         230,905.         28,484.           (5)         MICHAELLA REES         2.00         x         x         0.         198,230.         17,340.           (6)         MARY COCHAN         2.00         x         0.         0.         0.         0.           DIRECTOR/ASSISTANT SECRETARY         0.00         x         x         0.         0.         0.           (6)         MARY COCHAN         2.00         x         0.         0.         0.         0.           DIRECTOR/ASSISTANT SECRETARY         0.000				cer an	a a a	Irecto	r/trus	tee)			
(1)         LAURENCE C. GUMINA         2.00         x         x         x         0.         566,872.         68,445.           (2)         ROBERT STILLMAN         38.00         x         x         0.         359,925.         43,024.           (3)         ROBERT STILLMAN         37.00         x         0.         359,925.         43,024.           (3)         ROBERT STILLMAN         37.00         x         0.         359,925.         43,024.           (3)         DANA ULOM-VUCELICH         1.00         x         0.         274,365.         35,879.           (4)         DARIEL GINIS         40.00         x         x         0.         230,905.         28,484.           (5)         MICHAELLA REES         2.00         x         x         0.         198,230.         17,340.           (6)         MARY COCHAN         2.00         x         0.         0.         0.         0.           DIRECTOR/ASSISTANT SECRETARY         0.00         x         x         0.         0.         0.           (6)         MARY COCHAN         2.00         x         0.         0.         0.         0.           DIRECTOR/ASSISTANT SECRETARY         0.000			recto							U U	
(1)         LAURENCE C. GUMINA         2.00         x         x         x         0.         566,872.         68,445.           (2)         ROBERT STILLMAN         38.00         x         x         0.         359,925.         43,024.           (3)         ROBERT STILLMAN         37.00         x         0.         359,925.         43,024.           (3)         ROBERT STILLMAN         37.00         x         0.         359,925.         43,024.           (3)         DANA ULOM-VUCELICH         1.00         x         0.         274,365.         35,879.           (4)         DARIEL GINIS         40.00         x         x         0.         230,905.         28,484.           (5)         MICHAELLA REES         2.00         x         x         0.         198,230.         17,340.           (6)         MARY COCHAN         2.00         x         0.         0.         0.         0.           DIRECTOR/ASSISTANT SECRETARY         0.00         x         x         0.         0.         0.           (6)         MARY COCHAN         2.00         x         0.         0.         0.         0.           DIRECTOR/ASSISTANT SECRETARY         0.000			or di	ee			ated		, and a second s	,	
(1)         LAURENCE C. GUMINA         2.00         x         x         x         0.         566,872.         68,445.           (2)         ROBERT STILLMAN         38.00         x         x         0.         359,925.         43,024.           (3)         ROBERT STILLMAN         37.00         x         0.         359,925.         43,024.           (3)         ROBERT STILLMAN         37.00         x         0.         359,925.         43,024.           (3)         DANA ULOM-VUCELICH         1.00         x         0.         274,365.         35,879.           (4)         DARIEL GINIS         40.00         x         x         0.         230,905.         28,484.           (5)         MICHAELLA REES         2.00         x         x         0.         198,230.         17,340.           (6)         MARY COCHAN         2.00         x         0.         0.         0.         0.           DIRECTOR/ASSISTANT SECRETARY         0.00         x         x         0.         0.         0.           (6)         MARY COCHAN         2.00         x         0.         0.         0.         0.           DIRECTOR/ASSISTANT SECRETARY         0.000			ustee	trust		ee	bens		-	1099-NEC)	, v
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(1)         LAURENCE C. GUMINA         2.00         x         x         0.         566,872.         68,445.           CHLEF EXECUTIVE OPFICER         38.00         x         x         0.         359,925.         43,024.           (3)         DANA ULLOM-VUCELICH         1.00         x         0.         274,365.         35,879.           (4)         DANIEL GINIS         40.00         x         0.         230,905.         28,484.           (5)         MICHARLA RESOURCES OFFICER         9.00         x         0.         198,230.         17,340.           (6)         MARY COCHANN         2.00         x         0.         0.0.         0.         0.           (7)         RICHARD FRENCHIE         2.00         x         0.         0.         0.         0.           DIRECTOR/ASSISTANT SECRETARY         0.00         x         x         0.         0.         0.         0.           OIRECTOR/ASSISTANT SECRETARY         0.00         x         x         0.         0.         0.         0.           OIRECTOR/ASSISTANT SECRETARY         0.00         x         x         0.         0.         0.         0.           OIRECTOR/ASSISTANT SECRETARY         0.00 <td></td> <td></td> <td>In divid</td> <td>In stit u</td> <td>Officer</td> <td>Key en</td> <td>Highes</td> <td>Forme</td> <td></td> <td></td> <td>organizations</td>			In divid	In stit u	Officer	Key en	Highes	Forme			organizations
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(6)         MARY COCHRAN         2.00         X         X         0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0											
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(7)         RICHARD FRENCHIE         2.00         X         X         0.         0.         0.           DIRECTOR/BOARD VICE CHAIR         0.00         X         X         0.         0.         0.         0.           (8)         ROBERT PARKER         2.00         X         X         0.         0.         0.         0.           DIRECTOR/CHAIR         0.00         X         X         0.         0.         0.         0.           (9)         BARNEY WRIGHT         2.00         X         X         0.         0.         0.           DIRECTOR/ASSISTANT TREASURER         0.000         X         X         0.         0.         0.           (10)         BRUCE BOYD         2.00          0.         0.         0.         0.           DIRECTOR         0.000         X         0.0         0.         0.         0.         0.           DIRECTOR         0.000         X         0.         0.         0.         0.         0.           DIRECTOR         0.000         X         0.         0.         0.         0.         0.         0.           DIRECTOR         0.000         X         0.	(-,										
DIRECTOR/BOARD VICE CHAIR0.00XXX0.0.0.(8) ROBERT PARKER2.00XX0.0.0.DIRECTOR/CHAIR0.00XX0.0.0.(9) BARNEY WRIGHT2.00XX0.0.0.DIRECTOR/ASSISTANT TREASURER0.000XX0.0.0.(10) BRUCE BOYD2.00X0.0.0.0.DIRECTOR0.000XX0.0.0.(11) DENNIS R. DEIBEL2.00X0.0.0.DIRECTOR0.000X0.0.0.0.(12) DENNIS ECKART2.00X0.0.0.0.DIRECTOR0.000X0.0.0.0.0.(13) DAVID HARTSOOK2.00X0.0.0.0.0.DIRECTOR0.000X0.0.0.0.0.0.(14) BONNIE QUIST2.00X0.0.0.0.0.0.DIRECTOR0.000X0.0.0.0.0.0.0.(15) REV. CHRISTINE WHITE2.000.0.0.0.0.0.0.DIRECTOR0.000X0.0.0.0.0.0.0.DIRECTOR0.000X0.0.0.0.0.0.0.			Х		Χ				0.	0.	0.
(8)       ROBERT PARKER       2.00       X       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.											
DIRECTOR/CHAIR         0.00         X         X         0.         0.         0.           (9)         BARNEY WRIGHT         2.00         .			Х		Х				0.	0.	0.
(9)         BARNEY WRIGHT         2.00         X         X         0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0											
DIRECTOR/ASSISTANT TREASURER         0.00         X         X         0.00         0.0			Х		Χ				0.	0.	0.
(10) BRUCE BOYD       2.00       X       0.00       0.00       0.00         DIRECTOR       0.00       X       0.00       0.00       0.00         (11) DENNIS R. DEIBEL       2.00       X       0.00       0.00       0.00         DIRECTOR       0.000       X       0.00       0.00       0.00       0.00         (12) DENNIS ECKART       2.00       X       0.00       0.00       0.00       0.00         DIRECTOR       0.000       X       0.00       0.00       0.00       0.00       0.00         (13) DAVID HARTSOOK       2.00       X       0.00											
DIRECTOR         0.00         X         0.			Х		Х				0.	0.	0.
(11) DENNIS R. DEIBEL       2.00       0.00 X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.											
DIRECTOR         0.00         X         0.			Х						0.	0.	0.
(12) DENNIS ECKART       2.00       X       0.000       X       0.00.0.0.         DIRECTOR       0.000       X       0.00.0.0.       0.00.0.       0.00.0.         (13) DAVID HARTSOOK       2.00       X       0.00.0.0.       0.00.0.       0.00.0.         DIRECTOR       0.000       X       0.00.0.0.       0.00.0.       0.00.0.         DIRECTOR       0.000       X       0.00.0.0.       0.00.0.       0.00.0.         (14) BONNIE QUIST       2.00       X       0.00.0.0.       0.00.0.       0.00.0.         DIRECTOR       0.000       X       0.00.0.0.       0.00.0.       0.00.0.         (15) REV. CHRISTINE WHITE       2.00       X       0.00.0.0.       0.0.0.       0.0.0.         DIRECTOR       0.000       X       0.00.0.0.       0.0.0.       0.0.0.       0.0.0.         DIRECTOR       0.000       X       0.00.0.0.       0.0.0.       0.0.0.       0.0.0.       0.0.0.											
DIRECTOR         0.00 X         0.00 O.         0.00			Х						0.	0.	0.
(13) DAVID HARTSOOK       2.00       0.00											
DIRECTOR         0.00 X         0.00 O.         0.00 O. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(14) BONNIE QUIST       2.00       0.00 X       0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0											
DIRECTOR         0.00         X         0.	DIRECTOR		Х						0.	0.	0.
(15) REV. CHRISTINE WHITE       2.00       0.00 X       0.00.00       0.00.00         DIRECTOR       0.00 X       0.00.00       0.00.00       0.00.00         DIRECTOR       0.000 X       0.00.00       0.00.00       0.00.00	(14) BONNIE QUIST										
DIRECTOR         0.00 X         0. 0.         0.			Х						0.	0.	0.
(16) MARK BALTIMORE         2.00         X         0. <td>(15) REV. CHRISTINE WHITE</td> <td></td>	(15) REV. CHRISTINE WHITE										
DIRECTOR 0.00 X 0. 0. 0.			Х						0.	0.	0.
	(16) MARK BALTIMORE										
(17) SHELDON TAFT $\begin{bmatrix} 2 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix}$			Х						0.	0.	0.
	(17) SHELDON TAFT	2.00									
DIRECTOR 0.00 X 0. 0. 0.	DIRECTOR	0.00	Х						0.	0.	

132007 12-09-21

Form 990 (2021)

31-1166161

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	990 (2021) OHIO LIVI									31-1	1661	64	Page <b>8</b>	
Par	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C		s (continued)	<u> </u>			
	(A) Name and title	(B) (C) Average hours per week (list any )						n an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on d	(F) Estimated amount of other compensation		
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		organ and r	n the ization elated zations	
			-											
			-											
									0.	1 620 20	07	102	,172.	
	Subtotal Total from continuation sheets to Part VI								0.	1,630,2	0.		0.	
d 2	Total (add lines 1b and 1c)							► o re	0 • eceived more than \$100,	1,630,2		193	,172.	
	compensation from the organization						,		,	•			0	
3	Did the organization list any <b>former</b> officer,	-		-	•	-		Ŭ			F		es No	
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		3	X	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	iccrue compen	Isati	on fr	rom	any	unre	elate	ed organization or individ	lual for services			X	
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or si	ich i	bers	on .				<u></u>	5	X	
1	Complete this table for your five highest con	•	•								pensatio	on from		
	the organization. Report compensation for t (A)								(B)		0.5	(C)		
	Name and business	auuress	NC	ONE	5				Description of s	ervices		mpens		
			-4 "											
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to	thos (		ted	above) who received mo	ore than				
											F	orm <b>99</b>	<b>0</b> (2021)	

132008 12-09-21

Par	t VII	Statement of Rev	venue						
		Check if Schedule O o	contains a re	sponse	or note to any line		(D)	(0)	
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	-	la					
Contributions, Gifts, Grants and Other Similar Amounts				lb					
Ång Mng	с	Fundraising events		lc					
ar <i>F</i>				ld					
s, 0 Imil	е	Government grants (contr	ibutions)	le					
tion S	f	All other contributions, gifts,	grants, and						
ibu		similar amounts not included		lf	4,609,931.				
nd C	g	Noncash contributions included in	lines 1a-1f	lg \$	43,969.				
<u>ų p</u>	h	Total. Add lines 1a-1f	<u></u>	<u></u>		4,609,931.			
					Business Code				
ice	2 a								
erv ue	b								
m S ven	C L								
gra Re	d								
Program Service Revenue	f	All other program service	revenue						
	a	Total. Add lines 2a-2f							
	3	Investment income (incluc							
		other similar amounts)	-			1,172,361.		9,516.	1162845.
	4	Income from investment of							
	5	Royalties			<b>&gt;</b>				
			(i) F	Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	c		6c						
		Net rental income or (loss)		curities	(ii) Other				
	<i>г</i> а	Gross amount from sales of assets other than inventory		4,611.					
	h	Less: cost or other basis	7a 0,10	-,					
e		and sales expenses	<b>7b</b> 3,40	3,947.					
ent	с	Gain or (loss)	7c 2,00						
Revenue		Net gain or (loss)				2,000,664.			2000664.
<u> </u>		Gross income from fundraisir							
Othe			(						
		contributions reported on	line 1c). See	e					
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from			····· ►				
	9 a	Gross income from gamin							
	h	Part IV, line 19 Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory, I							
	10 u	and allowances		10a					
	b	Less: cost of goods sold							
		Net income or (loss) from			►				
					Business Code				
Miscellaneous Revenue	11 a								
ane	b				ļļ				
cell Vev	с				<b> </b>				
Mis		All other revenue							
- 1	е	Total. Add lines 11a-11d			🕨				
	12	Total revenue. See instruction			► I	7,782,956.	0.	9,516.	3163509.

Form 990 (2021)

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Page **9** 

31-1166164

Form 990 (2021)
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OHIO LIVING FOUNDATION Part IX Statement of Functional Expenses

De	Check if Schedule O contains a respons	(A)	(B)	<b>(C)</b> Management and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraísing 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,	339,911.		220 011	
~	trustees, and key employees	339,911.		339,911.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	850,364.		91,225.	759,139.
7 0	Other salaries and wages	050,304.		51,223.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	155,122.		54,437.	100,685.
9 10	Other employee benefits	84,298.		28,109.	56,189.
10	Payroll taxes Fees for services (nonemployees):	04,290.		20,105.	50,105.
a b	e	9,355.		9,355.	
c	. · · · · · · · · · · · · · · · · · · ·	6,000.		6,000.	
d		0,000.		0,000.	
e e					
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch O.)	241,624.		39,075.	202,549.
12	Advertising and promotion	7,000.			202,549. 7,000. 35,032.
 13	Office expenses	267,567.		232,535.	35,032.
14	Information technology	43,263.		43,263.	•
15	Royalties				
16	Occupancy	7,006.		7,006.	
17	Travel	45,919.		34,438.	11,481.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,268.		3,495.	1,773.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,537.		19,537.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), arount list line 24e expenses on Chertela O.				
-	amount, list line 24e expenses on Schedule 0.)	201,024.			201,024.
a b	BAD DEBT	197,301.			197,301.
	ANNUITY TRUSTEE FEES	34,719.			34,719.
c d	DONOR EVENTS	1,200.			1,200.
		1,200•			I,200•
е 25	Total functional expenses. Add lines 1 through 24e	2,516,478.	0.	908,386.	1,608,092.
2 <u>5</u> 26	Joint costs. Complete this line only if the organization		0.	500,500	1,000,002.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

132010 12-09-21

11 2021.05080 OHIO LIVING FOUNDATION

Form 990 (2021)

09290510 147228 46384-1

.021)	OHIO	LIVING	FOUNDATION	
Balance Sheet				
Chock if Schodulo (	Contain		r noto to any lino in this P	art V

		Check if Schedule O contains a response or not	e to any l	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,363,994.	1	3,309,005.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3,160,613.	3	2,943,783.
	4	Accounts receivable, net				4	95,791.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e person	is		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			37,250.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,075,747.			
	b				57,826.	10c	37,754. 51,155,352.
	11	Investments - publicly traded securities			60,293,121.	11	51,155,352.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -	11	······		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		······	26,657,858.	15	25,459,039.
	16	Total assets. Add lines 1 through 15 (must equa			93,570,662.	16	83,000,724.
	17	Accounts payable and accrued expenses	266,467.	17	444,983.		
	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					
iliti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes		22			
	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelated		24			
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines			2 0 2 7 1 2 4		1 554 742
		of Schedule D			2,027,124. 2,293,591.		<u>1,554,743.</u> 1,999,726.
	26	Total liabilities. Add lines 17 through 25			2,293,391.	26	1,999,720.
ŝ		Organizations that follow FASB ASC 958, che	CK nere				
nce	07	and complete lines 27, 28, 32, and 33.	20,634,079.	07	18,646,824.		
ala	27	Net assets without donor restrictions	70,642,992.	27 28	62,354,174.		
ар	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 9	10,042,002.	20	02,334,174.		
- E		and complete lines 29 through 33.					
د ۲	20					29	
ets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				<u>29</u> 30	
Asse	30	Retained earnings, endowment, accumulated inc				30	
Net Assets or Fund Balances	32				91,277,071.	32	81,000,998.
Ż	33	Total liabilities and net assets/fund balances			93,570,662.	33	83,000,724.
					,,••		,,,

Form **990** (2021)

Form 990 (2021)
Part X Balance S

Form	OHIO LIVING FOUNDATION	31-	116616	4	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			956.
2	Total expenses (must equal Part IX, column (A), line 25)	2			478.
3	Revenue less expenses. Subtract line 2 from line 1	3			478.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-	071.
5	Net unrealized gains (losses) on investments	5	-13,1	.97,	045.
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	-2,3	45,	506.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	81,0	00,	998.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Ye	s 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?		2	a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b X	
	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				
	review, or compilation of its financial statements and selection of an independent accountant?			c X	
~	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud			-
	Act and OMB Circular A-133?		·····	a X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud			-
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3	b X	

Form **990** (2021)

132012 12-09-21

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.

OMB No. 1545-0047
2021
Open to Public Inspection

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

Name of th	lame of the organization Employer identification number							
OHIO LIVING FOUNDATION 31-						1-1166164		
Part I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The organiz	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	d in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
	section 170(b)(1)(A)(vi). (C	-		U			0 1	
	A community trust describe		1)(A)(vi). (Complete Par	t II.)				
	An agricultural research org			-	ed in coniu	inction with a	land-grant	college
	or university or a non-land-	•			-		-	-
	university:	grant conege of agric			lame, ony	, and state of	the bollege	01
	An organization that norma	Illy receives (1) more	than 22 1/20% of its supp	ort from o	ontribution	s momborsh	in foos and	aross rocoints from
	activities related to its exen							
		• • •	•	• •				0
	income and unrelated busin		(less section 511 tax) ind	in pusities	ses acquir	led by the org	anizalion a	iter Julie 30, 1975.
	See section 509(a)(2). (Co	• •				O(-)(4)		
	An organization organized a	•						
	An organization organized a	•	•	•		-		•
	more publicly supported or	-						heck the box on
	lines 12a through 12d that	••		-			-	
a X	Type I. A supporting orga							
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	pporting
	organization. You must o	complete Part IV, Se	ctions A and B.					
b	<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing
	control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that cor	ntrol or manag	ge the supp	orted
	organization(s). You mus	t complete Part IV,	Sections A and C.					
с	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	ation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	bution req	uirement and	an attentiv	eness
	requirement (see instruct	•		•		-		
e	Check this box if the orga		•				II. Type III	
	functionally integrated, or					51 7 51	, ,,	
f Enter	r the number of supported of							4
	ide the following information	-						
	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
онто т	LIVING							
	VITIES	34-4429863	10	x		3 735	,318.	0.
	LIVING	51 1125005	10			5,755	, 510.	
HOLDIN		27-2564811	10	x		571	,054.	0.
	LIVING QUAKER	27 2504011	10				.,0510	
HEIGHI		31-0538523	10	x			0.	0.
	LIVING SARAH	<u> </u>	τυ				0.	U •
MOORE	TANAG SARAD	31-1510768	10	x			0.	0
MOOKE		21-1210100	TO				0.	0.
						1 200		
Total							,372.	0.
LHA For Pa	aperwork Reduction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	132021 01-0	04-22	Sche	dule A (Form 990) 2021

Schedule	A (Form 990)	) 202
Part II	Suppor	t Sc

31-1166164 Page:	2
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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						-
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
~							
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(d) 2017	(b) 2018	(0) 2019	(u) 2020	(e) 2021	
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ions)	•		12	
13	First 5 years. If the Form 990 is for th	ne organization's f				501(c)(3)	
	organization, check this box and stop	phere			·		
See	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
<b>16</b> a	33 1/3% support test - 2021. If the o	organization did n	ot check the box c	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	${\color{black} \textbf{stop}}$ here. The organization qualifies	as a publicly supp	ported organization	ו <sub></sub> ו			▶∟
b	33 1/3% support test - 2020. If the o	-					
	and <b>stop here.</b> The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	-	-				
	and if the organization meets the fact			-	-	: VI how the organi	zation
	meets the facts-and-circumstances te	•	• •	,	•		
b	10% -facts-and-circumstances test	-	-				10% or
	more, and if the organization meets the						. —
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	5a, 16b, 17a, or 17	b, check this box a		
						Schedule A	(Form 990) 2021

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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		-		1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		_		- 1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	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 th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizati	on,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2021 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20		<b>_ _</b>			17	%
18	Investment income percentage from 2						%
19a	<b>33 1/3% support tests - 2021.</b> If the						/ is not
	more than 33 1/3%, check this box ar	-	•		•••		►
b	<b>33 1/3% support tests - 2020.</b> If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n ald not check a	box on line 14, 19	a, or 190, check t	his box and see in:		· · · · · · · · · · · · · · · · · · ·
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Yes No

# Part IV Supporting Organizations

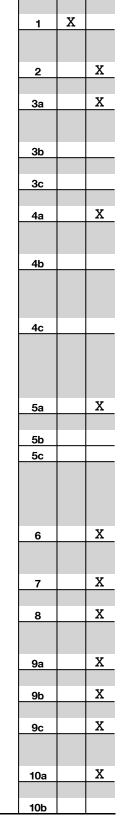
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

# Section A. All Supporting Organizations

- 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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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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Schedule A (Form 990) 2021

Schedule A	(Form 990) 202	1 OHIO	LIVING	FOUNDATION		
Part IV Supporting Organizations (continued)						

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2

			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
Sec	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> <b>Part VI</b> <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
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
 Image: Control or management of the support of the suppo

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

# Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a 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.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	-----------------------------------

- 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 \_\_\_\_\_

Schedule A (Form 990) 2021

Yes No

132025 01-04-22

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# Schedule A (Form 990) 2021 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 on Nov. 20, 1970 ( explain in Part VI). See instruction			
All other Type III non-functionally integrated supporting organizations	must complete s	Sections A through E.	1
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-funct	onally integrate		nization (and

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

Schedule A (Form 990) 2021

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e Excess from 2021

Schedule A (Form 990) 2021

OHIO LIVING FOUNDATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	1
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pre-	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	ne organization is responsive	•	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	I	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
с	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990) 2021

Schedule A	990)	2021
D - IVI		

	Supplemental Information. Provide the expla Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section E, line (See instructions.)	9b, 9c, 11a, 11b, and 11c; Part IV, Se on E. lines 1c. 2a. 2b. 3a. and 3b: Part	ection B, lines 1 and 2; Part IV, Section C, V. line 1: Part V. Section B. line 1e: Part V.
			0.1
32028 01-04-2	2	21	Schedule A (Form 990) 202

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

\*\* 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

2021

Employer identification number

31-1166164

no or the organization			
	OHIO	LIVING	FOUNDATION

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

Γ

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.

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

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

OHIO LIVING FOUNDATION

31-1166164

#### 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 1 X Person Payroll 36,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 5,025. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 6,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 8,808. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 8,750. Noncash (Complete Part II for noncash contributions.)

(b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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Schedule B (Form 990) (2021)

09290510 147228 46384-1

Name of organization

Employer identification number

OHIO LIVING FOUNDATION

31-1166164

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <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
8		\$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
9		\$ <u> </u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$30,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$9,339.	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>12</u>		\$ <u>21,550.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-11-	-21		Schedule B (Form 990) (2021)

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) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 14 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. 15 X Person Payroll 142,472. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 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 17 X Person Payroll 57,466. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 18 X Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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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) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroll 5,005. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 20 X Person Payroll 8,769. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 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 22 X Person Payroll Noncash 73,646. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 24 X Person Payroll 7,826. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Name of organization

Employer identification number

31-1166164

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$18,998.	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>NO.</u>	Name, address, and ZIP + 4		
26		\$8,907.	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>1,206,562.</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
28_		\$11,069.	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
29_		\$5,400.	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
30		\$6,200.	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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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 31 X Person Payroll 6,750. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 32 X Person Payroll 12,400. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 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 34 X Person Payroll 8,400. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 36 X Person Payroll 10,100. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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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 8,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 38 X Person Payroll 56,957. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 39 Person Payroll 9,025. Noncash X \$ (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 62,340. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 X Person Payroll 20,000. 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 1,175. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

Schedule B (Form 990) (2021)

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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 Person Payroll 4,999. Noncash Х \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 44 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. 45 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 46 X Person Payroll 9,192. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 47 X Person Payroll 29,250. 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 287,239. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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Name of organization

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31-1166164

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           \$5,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$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
		\$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
52		\$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
53		\$ <u>107,857.</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
<u>54</u> 123452 11-11		\$162,547.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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OHIO LIVING FOUNDATION

Name of organization

Employer identification number

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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 45,000. 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 15,600. 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 10,846. 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 5,540. 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 5,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61_		\$ <u>20,000.</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
62		\$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
63		\$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
64		\$70,192.	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
65		\$10,045.	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
66		\$5,932.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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OHIO LIVING FOUNDATION

Name of organization

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31-1166164

#### 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 X Person Payroll 5,200. Noncash \$ (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 16,448. 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 17,764. 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 24,157. \$ (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 10,000. 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 10,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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Name of organization

Page **2** Employer identification number

OHIO LIVING FOUNDATION

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(a) No. 73	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	Total contributions	Type of contribution
			1
		\$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
<u>74</u>		\$50,000.	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
75_		\$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
76_		\$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> </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
78		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 79 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 80 X Person Payroll 5,012. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 81 X Person Payroll 240,410. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 82 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 83 X Person Payroll 12,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 84 X Person Payroll 33,541. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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#### Schedule B (Form 990) (2021)

OHIO LIVING FOUNDATION

Name of organization

Employer identification number

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#### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 85 X Person Payroll 46,438. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll 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.)

Schedule B (Form 990) (2021)

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Name of organization

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# OHIO LIVING FOUNDATION

Employer identification number

31-1166164

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
39	OUTDOOR DECOR INCLUDING WROUGHT IRON SCULPTURES, POTS, GLASS FLOWER, OWL AND CONCRETE BENCH AND BIRD BATH; LLOYD LOOM WHITE WICKER FURNITURE SET WITH FLORAL CUSHIONS; OUTDOOR IRON SCULPTURE	\$9,025.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
<u>43</u>	AVID R SERIES POSITIONING SYSTEM POWERED WHEELCHAIR	\$4,999.	11/09/21	
(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. 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	

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Schedule B	(Form 990	D) (2021)

Name of or	rganization		Employer identification numb				
онто т	LIVING FOUNDATION		31-1166164				
Part III	Exclusively religious, charitable, etc., contribute	) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye				
(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	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
-	Transferee's name, address, a	nd 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	nd ZIP + 4	Relationship of transferor to transferee				
123454 11-11-	-21		Schedule B (Form 990) (2				

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SCHEDULE D (Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.	OMB No. 1545
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
Name of the organization	Employer identification	
	OHIO LIVING FOUNDATION	31-116616
Part I Organiza	tions Maintaining Donor Advised Funds or Other Similar Funds or Ac	counts. Complete if the

	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor ac	lvised	d funds	<b>(b)</b> Funds a	nd other accou	ints
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
	Did the organization inform all donors and donor advisors in v	writing that the asset	s hel	d in donor advised fun	ds		
	are the organization's property, subject to the organization's	exclusive legal contr	ol?			🗌 Yes	🗌 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing tha	t gra	nt funds can be used c	only		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	or any	y other purpose confer	ring		
	impermissible private benefit?					. Yes	No No
Par	t II Conservation Easements. Complete if the org	ganization answered	"Yes	" on Form 990, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that app	oly).	_			
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a hist	orically impo	ortant land area	a
	Protection of natural habitat			Preservation of a cert	ified historio	c structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cor	ntribu	ition in the form of a co			
	day of the tax year.				Hele	d at the End of th	ie Tax Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
с	Number of conservation easements on a certified historic stru	ucture included in (a)			2c		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and no	t on a	a historic structure			
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	erminated by the organ	ization durir	ng the tax	
	year ►						
	Number of states where property subject to conservation eas	-					
5	Does the organization have a written policy regarding the per		pecti	on, handling of			
	violations, and enforcement of the conservation easements it					L Yes	└── No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year						
_							
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	d ent	orcing conservation ea	sements du	iring the year	
•					(1)		
8	Does each conservation easement reported on line 2(d) above	· ·				Yes	
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation						└── No
9	balance sheet, and include, if applicable, the text of the footn					e the	
	organization's accounting for conservation easements.	iote to the organizati	0115		at describe:	S LITE	
Par	t III Organizations Maintaining Collections of	Art, Historical	<b>Frea</b>	asures, or Other S	Similar As	ssets.	
	Complete if the organization answered "Yes" on Form						
1a			reve	nue statement and bal	ance sheet	works	
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 95				e sheet wor	ks of	
	art, historical treasures, or other similar assets held for public	•					
	provide the following amounts relating to these items:	,	,		·	,	
	(i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1	-			▶ \$_		
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions					edule D (Form	990) 2021
	10-28-21						

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2021.05080	OHIO	LIVING	FOUNDATION	4

OMB No. 1545-0047 2001

2021
Open to Public
Inspection

Employer identification number 31-1166164

	chedule D (Form 990) 2021 OHIO LIVING FOUNDATION 31-1166164 Page 2							
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	(contin	ued)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's ex	empt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma						Yes	No No
Par	t IV Escrow and Custodial Arrang						ine 9, or	
	reported an amount on Form 990, Pa		C				·	
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contributions	s or other assets no	t included			
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII					·····		
	······································						Amount	:
c	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fe					·	Yes	No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •			
Par		f the organization and	swered "Yes" on Fo	rm 990. Part IV. line	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years back
1a	Beginning of year balance	55,606,958.	47,127,474.	., ,		62,454.		493,509.
	Contributions	2,215,952.	243,671.		-	, .		980,404.
	Net investment earnings, gains, and losses							
	Grants or scholarships	-,,		,	-,-	,	,	,
	Other expenditures for facilities							
е		1,891,965.	1,855,591.	1,765,000	1.8	306,000.	2	062,052.
	and programs	19,236.	75,347.			73,192.	,	82,093.
	Administrative expenses	49,426,524.	55,606,958.			10,859.	47	262,454.
g	End of year balance				• • •, •	10,000.		202,434.
2	Provide the estimated percentage of the curr	• 0000		i) heid as.				
	Board designated or quasi-endowment ► Permanent endowment ► 90.7000		_%					
		% %						
С		, -						
0-	The percentages on lines 2a, 2b, and 2c sho	-		al a destatata a dife		- 1		
за	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	a administered for	the organiz	ation	Г	Yes No
	by:							Yes No X
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	A
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vment funds.					
Fai			Dout IV line 110 C	an Form 000 Dort	V line 10			
	Complete if the organization answere					.		
	Description of property	(a) Cost or of			Accumulat		(d) Bool	< value
		basis (investm	Dasis	(other) o	depreciation			
	Land							
	Buildings							
	Leasehold improvements				<u> </u>	~_		0.0-
	Equipment			3,020.	642,0			935.
	Other			2,727.	395,9			5,819.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part )	<u>K. column (B). line 1</u>	0c.)				7,754.
						Schedule	D (Form	990) 2021

		Other Cee		
Schedule D (Forr	n 990) 2021	OHIO	LIVING	FOUNDATION

Complete if the organization answered "Yes" c (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
	(,		,
0) Olasah hala an itu interata			
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" of	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)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1) INTERZONE			6,609,454
(2) INVESTMENTS HELD BY 3RD PA	RTIES		18,259,294
(3) UNITRUST DEPOSITS			590,291
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		25,459,039
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	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			1,554,743
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			1,554,743

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) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 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		
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		
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 <b>4a</b> and <b>4b</b>		
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:

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Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2021

SCHEDULE	Compensation Information	L	OMB No. 1	545-004	47	
(Form 990)	,				1	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		I	
Department of the 7	epartment of the Treasury Attach to Form 990.					
	ternal Revenue Service <b>6</b> to www.irs.gov/Form990 for instructions and the latest information.					
Name of the or		Employer i			nber	
Part I Q	OHIO LIVING FOUNDATION estions Regarding Compensation	31-1	16616	4		
				Ma a		
te Chaoli th	anaranyista bay(a) if the exception are ideal any of the following to as few a nerveen listed on Ferra	000		Yes	No	
	appropriate box(es) if the organization provided any of the following to or for a person listed on Form ction A, line 1a. Complete Part III to provide any relevant information regarding these items.	990,				
	ass or charter travel Housing allowance or residence for perso	nalusa				
	for companions Payments for business use of personal re-					
	demnification and gross-up payments Health or social club dues or initiation fee					
	tionary spending account					
		, e,				
<b>b</b> If any of t	boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
			1b			
	anization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	d officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3 Indicate v	ich, if any, of the following the organization used to establish the compensation of the organization's	i				
CEO/Exe	tive Director. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
establish	ompensation of the CEO/Executive Director, but explain in Part III.					
Com	ensation committee Written employment contract					
lnde	endent compensation consultant Compensation survey or study					
E Forn	990 of other organizations Approval by the board or compensation c	ommittee				
4 During the	year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	n or a related organization:					
	everance payment or change-of-control payment?			37	X X	
-	in or receive payment from a supplemental nonqualified retirement plan?			Х		
-	in or receive payment from an equity-based compensation arrangement?		<u>4c</u>		X	
If "Yes" to	any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
0	r = Cot(a)(2) = Cot(a)(4) and $Eot(a)(00)$ are an institution of the second states lines $E = C$					
	n 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	<b>n</b>				
	s listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	11				
-	on the revenues of: ation?		5a		x	
	ation? organization?				X	
	line 5a or 5b, describe in Part III.					
	s listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	on the net earnings of:					
-	ation?		6a		x	
	organization?				x	
	line 6a or 6b, describe in Part III.					
	is listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i				
-	not described on lines 5 and 6? If "Yes," describe in Part III				x	
			8		X	
	line 8, did the organization also follow the rebuttable presumption procedure described in					
	s section 53.4958-6(c)?	<u></u>	9			
	work Reduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n <b>990</b> )	2021	

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### 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-MISC and/or 1099-NEC compensation			other deferred 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)	566,182.	0.	690.	60,364.	8,081.	635,317.	0.
(2) ROBERT STILLMAN	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER/TREASURER	(ii)	358,660.	0.	1,265.	28,159.	14,865.	402,949.	0.
(3) DANA ULLOM-VUCELICH	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	273,178.	0.	1,187.	27,798.	8,081.	310,244.	0.
(4) DANIEL GINIS	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FOUNDATION OFFICER	(ii)	230,085.	0.	820.	17,129.	11,355.	259,389.	0.
(5) MICHAELLA REES	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF BRAND & GROWTH OFFICER	(ii)	198,002.	0.	228.	16,837.	503.	215,570.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

#### 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.

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

2021
Open to Public Inspection

Employer identification number

31-1166164

Name of the o	a way a value at i a va
Name of the	organization
	organization

OHIO LIVING FOUNDATION

Pa	rt I Types of Property						
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	its
1	Art - Works of art			,,,,,,,,			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		1,500.	FAIR MARKET	VALUE	1
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						
25	Other ( FURNITURE )	<u>X</u>	4		FAIR MARKET		
26	Other ( <u>MACHINERY AND</u> )	<u>X</u>	4		FAIR MARKET		
27	Other ( PIANO )	<u>X</u>	2		FAIR MARKET		
28	Other (FOUNTAIN)	X	1		FAIR MARKET	VALUE	
29	Number of Forms 8283 received by the organiz						
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			<b>T</b>
~~	<b>5</b> · · · · · · · · · · · · · · · · · · ·					Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for						x
L.	exempt purposes for the entire holding period?						
b 21	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	olicy that ra	quires the review	of any nonstandard contribut	tions?	31 X	
31 32a	Does the organization have a gift acceptance p					31 X	+
JZd			-	· · ·		32a	x
	contributions?					JZd	

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2021

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**b** If "Yes," describe in Part II.

Part II	Supple	mental Infor	mation. Pr	ovide the int	formation req
Schedule	M (Form 990	)2021 OHI	O LIVIN	IG FOUN	IDATION

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

Schedule M (Form 990) 2021 132142 11-17-21 49

09290510 147228 46384-1

SCHEDULE O (Form 990)

(101111350)

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.



OHIO LIVING FOUNDATION

Employer identification number 31 - 1166164

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

UP 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 CURRENTLY SERVES:

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.

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

 Schedule O (Form 990) 2021

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2021.05080 OHIO LIVING FOUNDATION 46384-12

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 132212 11-11-21 Schedule O (Form 990) 2021 52

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2021.05080 OHIO LIVING FOUNDATION 46384-12

Name of the organization OHIO LIVING FOUNDATION	Employer identification number 31-1166164
OF INCORPORATION OF OHIO LIVING FOUNDATION MAY ALSO BE A	MENDED IN THE SAME
MANNER. NOTWITHSTANDING THE FOREGOING, ALL AMENDMENTS TO	) THIS CODE OF
REGULATIONS AND THE ARTICLES OF INCORPORATION OF OHIO LI	VING FOUNDATION
MUST BE RATIFIED BY OHIO LIVING IN ITS ROLE AS SOLE MEME	BER.
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	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 ONI	INE BOARD PORTAL
AND EACH BOARD MEMBER IS GRANTED ACCESS TO REVIEW AND CO	MMENT. THE FINAL
ISSUED FORM 990 IS ALSO POSTED TO THE BOARD PORTAL PRIOF	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 Schedule O (Form 990) 2021 132212 11-11-21 53

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2021.05080 OHIO LIVING FOUNDATION

46384-12

Name of the organization	Employer identification number
5	
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
Completer of interest or most not beryl in the matter when	GIVED RIDE 10
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.

132212 11-11-21

Schedule O (Form 990) 2021 Name of the organization	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	0
NET ASSETS	-1,142,073.
CAPITAL TRANSFERS	-1,203,433.
TOTAL TO FORM 990, PART XI, LINE 9	-2,345,506.
120010 11 11 01	Schedule O (Form 990) 2021
<sup>132212</sup> <sup>11-11-21</sup> 55 290510 147228 46384-1 2021.05080 OHIO LIVING	

092

#### SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

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

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled 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	онто	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) 2021

**Open to Public** 

Inspection

Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
QUAKER HEIGHTS FOUNDATION, INC - 31-1575048	_						
514 W. HIGH STREET	_				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	онто	501(C)(3)	LINE 10	COMMUNITIES	X	
	-						
	-						<u> </u>
	-						
	-						
	-						
	-						
	-						
	-						
							<u> </u>
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	4						
						+	<u> </u>
	1						
	1						

### Schedule R (Form 990) 2021 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?		Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	1										
	1										
	-										
											<u> </u>
	-										
	1										
	1										
							1				

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(t contr	i) tion b)(13) rolled tity? <b>No</b>
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	
									<b> </b>
	-								
	-								
	4								

# Schedule R (Form 990) 2021 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.

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

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

# Schedule R (Form 990) 2021 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)	(b)	(c)	(d)	6	2)	(f)	(g)	()	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne 501(i org	all rs sec.	Share of			opor-	Code V-UBI	Genera	l or P	ercentage
of entity	, , , , , , , , , , , , , , , , , , ,	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501( ora	c)(3) s.?	total	end-of-year	Dispr tior alloca	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ing r? C	ownership
		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	10	

Schedule R (Form 990) 2021

#### 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) 2021

132165 11-17-21

Form <b>990-T</b>	Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047
	(and proxy tax under section 6033(e))	~ ~	0004
	For calendar year 2021 or other tax year beginning $\underline{JUL 1, 2021}$ , and ending $\underline{JUN 30, 20}$	22	2021
Department of the Treas	► Go to www.irs.gov/Form990T for instructions and the latest information.	. ·	Open to Public Inspection for
Internal Revenue Service		<i>'</i>	501(c)(3) Organizations Only loyer identification number
A Check box i address cha			
B Exempt under se	ction Print OHIO LIVING FOUNDATION		81-1166164
X 501(c)(3	) or Number, street, and room or suite no. If a P.O. box, see instructions.		p exemption number instructions)
408(e)	220(e) Type 9200 WORTHINGTON ROAD, 300		
	i30(a)City or town, state or province, country, and ZIP or foreign postal codei29AWESTERVILLE, OH43082	F	Check box if
	C Book value of all assets at end of year > 83,000,724.		an amended return.
G Check organiz	ration type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust		
H Check if filing	only to 🕨 🔄 Claim credit from Form 8941 👘 Claim a refund shown on Form 2439		
I Check if a 50 <sup>-</sup>	(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
J Enter the num	ber of attached Schedules A (Form 990-T)		1
K During the tax	year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
	the name and identifying number of the parent corporation.		
	in care of ► ROBERT B. STILLMAN Telephone number ►	<u>614-</u>	888-7800
	I Unrelated Business Taxable Income		1
1 Total of unre	elated business taxable income computed from all unrelated trades or businesses (see		0 -1 -
instructions	)	1	9,516.
2 Reserved		2	0.516
3 Add lines 1		3	9,516.
	ontributions (see instructions for limitation rules)		0.
	ted business taxable income before net operating losses. Subtract line 4 from line 3		9,516.
	or net operating loss. See instructions	6	
7 Total of unr	elated business taxable income before specific deduction and section 199A deduction.		0 51 6
	e 6 from line 5	7	9,516.
	luction (generally \$1,000, but see instructions for exceptions)		1,000.
	tion 199A deduction. See instructions	9	1 000
	tions. Add lines 8 and 9	10	1,000.
11 Unrelated b	<b>usiness taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7,		0 516
enter zero Part II Tax	Computation	11	8,516.
	· · · · · · · · · · · · · · · · · · ·		1,788.
-	ns taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	1,700.
	ble at trust rates. See instructions for tax computation. Income tax on the amount on		
Part I, line 1		2	+
-	See instructions	► <u>3</u> 4	+
	nounts. See instructions	4	
	ninimum tax (trusts only) compliant facility income. See instructions	6	+
		7	1,788.
	ines 3 through 6 to line 1 or 2, whichever applies	/	Form <b>990-T</b> (2021)
LINA FOR Paper	אסות וופעעכנוסוו אכן ווטנוכב, פבב וופנו עכנוסוופ.		(2021)

Form 9	90-T (2021)					Page <b>2</b>
Part	III Tax and Payments		_			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	. 1a				
b	Other credits (see instructions)	. 1b				
с	General business credit. Attach Form 3800 (see instructions)	1c				
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	1,7	/88.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form	8697	Form 8866			
	Other (attach statement)			3		
4	Total tax. Add lines 2 and 3 (see instructions).					
	section 1294. Enter tax amount here	. ►		4	1,7	88.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k),			5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a				
b	2021 estimated tax payments. Check if section 643(g) election applies	6b				
с	Tax deposited with Form 8868	<u>6c</u>				
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		62.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		►	9	1,8	850.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	oaid	►	10		
	Enter the amount of line 10 you want: Credited to 2022 estimated tax		Refunded 🕨	11		
Part	IV Statements Regarding Certain Activities and Other Informat	<b>ion</b> (se	e instructions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or	r a signat	ture or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	organiza	ation may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter th	e name o	of the foreign country			
	here					X
2	During the tax year, did the organization receive a distribution from, or was it the gran	ntor of, c	or transferor to, a			
	foreign trust?					X
	If "Yes," see instructions for other forms the organization may have to file.					
3						
4	Enter available pre-2018 NOL carryovers here <b>&gt;</b> \$ Do not	include a	any post-2017 NOL ca	rryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by					
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NO	OL carryc	overs. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo	r the tax	year. See instructions			
	Business Activity Code	Avai	ilable 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 Fc	orm 1128? If "No,"			
	explain in Part V					
Part	V Supplemental Information					

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

Sign		der penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other than					wledge	e and belief, it is true,
Here		Signature of officer	Date CFO/TE		TREASURER			the IRS discuss this return with reparer shown below (see uctions)? X Yes No
	1	Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN
Paid		AMY CIMINELLO	AMY CIMINELLO		05/10/23	self- employ	ed	P00796388
Prepare Use Onl	r	Firm's name PLANTE & MORA				Firm's EIN		38-1357951
	<b>y</b>	250 S. HIGH ST, SUITE 100						
		Firm's address ► COLUMBUS, OH 43215					61	4-849-3000
123711 01-31	-22			_				Form <b>990-T</b> (2021)
			6 1					

# 09290510 147228 46384-1

65 2021.05080 OHIO LIVING FOUNDATION

### SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

# 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

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

1

#### A Name of the organization OHIO LIVING FOUNDATION

C Unrelated business activity code (see instructions) ► 620000

B Employer identification number 31-1166164

1

**D** Sequence:

of

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

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ►	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a	3,326.		3,326.
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	6,190.		6,190.
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	9,516.		9,516.

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

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance	3			
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return	8a		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				
	column (C)	16	9,516.		
17	Deduction for net operating loss. See instructions	17	0.		
18	Unrelated business taxable income. Subtract line 17 from line 16	18	9,516.		
LHA	For Paperwork Reduction Act Notice, see instructions.	Schedu	e A (Form 990-T) 2021		

123741 01-28-22

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	ule A (Form 990-T) 2021				Page 2
Part	III Cost of Goods Sold Enter me	thod of inventory valua	ation 🕨		
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter				
8 9	Do the rules of section 263A (with respect to property				Yes No
Part					
1	Description of property (property street address, city,		-		
•	A				
	B				
	c 🗌				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					0
3	Total rents received or accrued. Add line 2c columns	A through D. Enter her	e and on Part I, line 6, o I	column (A) 🕨	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. E	nter here and on Part	l line 6. column (B)	▶	0.
Part		see instructions)			
1	Description of debt-financed property (street address,	/	Check if a dual-use. Se	e instructions.	
	A				
	в 🗌				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6		1		^
8	Total gross income (add line 7, columns A through D	). Enter here and on P	art I, line 7, column (A)	<b>&gt;</b>	0.
_	••••••••••••••••••••••••••••••••••••••	[	1	,	
9	Allocable deductions. Multiply line 3c by line 6				^
10	Total allocable deductions. Add line 9, columns A th				0.
11	Total dividends-received deductions included in line	U			-
123721 (	J1-20-22	67		Schedule	A (Form 990-T) 2021

2021.05080 OHIO LIVING FOUNDATION 46384-12

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												1
	ule A (Form 990-T) 2021 VI Interest, Annu		waltice and B	onto fron	n Control		aonization			· 、		Page 3
Part	VI Interest, Annu		byanties, and h				Exempt Control	,	e instruct	,		
	1. Name of controlle	ed	2. Employer	3. Net	unrelated	1	al of specified	1	rt of colur		6. De	eductions directly
	organization		identification	incon	ne (loss)		nents made		included			onnected with
			number	(see ins	structions)				olling orga gross inc		inco	ome in column 5
(1)	1)											
(2)	2)											
(3)												
<u>(4)</u>												
	· <del>-</del> · · ·				Controlled O	-	1					
7	7. Taxable Income	in	Net unrelated come (loss)		otal of specif yments mad		<b>10.</b> Part of that is included controlling	luded i	in the		conr	uctions directly nected with
		(See	e instructions)				gross	incom	е	m	come	in column 10
<u>(1)</u>												
<u>(2)</u>												
<u>(3)</u>												
<u>(4)</u>							Add colum	ne 5 a	nd 10	Ad	d coli	umns 6 and 11.
							Enter here					e and on Part I,
							line 8, c	column	(A)		line 8	, column (B)
Totals						►			0.			0.
Part	VII Investment I	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization <sub>(s</sub>	ee inst	ructions)			
	<b>1.</b> Desc	cription of i	ncome		2. Amou		3. Deductio		4. Set-			Total deductions
					incon	ne	directly conne (attach stater		(attach st	tateme		and set-asides add cols 3 and 4)
(1)												
(2)												
(3)												
(4)					Add amou	inte in					_	Add amounts in
					column 2							column 5. Enter
					here and o	,						ere and on Part I,
Totals				•	line 9, colu							ine 9, column (B) 0 •
Part		xempt A	ctivity Income	. Other T	han Adve		a Income	see ins	structions)			
1	Description of exploite		,	,								
2	Gross unrelated busin		e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con											
	line 10, column (B)		•							3		
4	Net income (loss) from	n unrelated	trade or business.	Subtract lir	ne 3 from line	e 2. If a g	gain, complete	1				
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expension											
	4. Enter here and on P	Part II, line <sup>-</sup>	12							7		

Schedule A (Form 990-T) 2021

123731 01-28-22

	lule A (Form 990-T) 2021				Page 4
Part	Ŭ				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a o	consolidated basis		
	A [				
	B				
	с р				
Entor					
Entera	amounts for each periodical listed above in the		В	с	D
2	Gross advertising income		В		
-	Add columns A through D. Enter here and or				0.
а	And boldmine / through D. Enter here and or				
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and or		I	<b>▶</b>	0.
	· ···· · ······ · ····················				
4	Advertising gain (loss). Subtract line 3 from li	ine			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	in			
	line 4 showing a loss or zero, do not complet	te			
	lines 5 through 7, and enter zero on line 8 $\dots$				
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 le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7			1	
а	Add line 8, columns A through D. Enter the g Part II, line 13	greater of the line ba, columns to	al of zero here and		0.
Part		rectors. and Trustees	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	I. Enter here and on Part II, line 1			►	0.
Part	XI Supplemental Information (set	ee instructions)			

1

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
VIDA LONGEVITY FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	6,190.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	6,190.

Department of the Treasury Internal Revenue Service

#### Name

#### 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

Employer identification number

► Yes X No

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 loss.							
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less				
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	<b>(e)</b> Cost	(g) Adjustments to ga or loss from Form(s) 89		(h) Gain or (loss) Subtract column (e) from		
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (	g)	column (d) and combine the 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 <b>Box A</b> checked							
2 Totals for all transactions reported on							
Form(s) 8949 with <b>Box B</b> checked							
3 Totals for all transactions reported on							
Form(s) 8949 with <b>Box C</b> checked					3,059.		
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 3	7		4			
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5			
6 Unused capital loss carryover (attach comput	ation)			6	()		
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai	e lines 1a through 6 in column	h		7	3,059.		
	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.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> 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							
<b>8b</b> Totals for all transactions reported on							
Form(s) 8949 with <b>Box D</b> checked							
9 Totals for all transactions reported on							
Form(s) 8949 with <b>Box E</b> checked			_				
<b>10</b> Totals for all transactions reported on					0.67		
Form(s) 8949 with <b>Box F</b> checked					267.		
				11			
<b>12</b> Long-term capital gain from installment sales				12			
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13			
				14			
15 Net long-term capital gain or (loss). Combin		nh		15	267.		
Part III Summary of Parts I and					2 050		
16 Enter excess of net short-term capital gain (li				16	3,059.		
17 Net capital gain. Enter excess of net long-term				17	267.		
<b>18</b> Add lines 16 and 17. Enter here and on Form		plicable line on other return	s [	18	3,326.		
Note: If losses exceed gains, see Capital Los	sses in the instructions.						

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

Schedule D (Form 1120) 2021

121051 12-17-21



# **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
2021

Attachment Seguence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

OHIO LIVING FOUNDATION 31-1166164
Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute tatement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your
proker and may even tell you which box to check. Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term
transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).
ou must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box.
you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
( <b>B</b> ) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS
(b) Short-term transactions not reported to you on Form 1099-B
Description of preparty Date control of the proceeds Cost or other loss. If you enter an amount Coin or (loss)
(Example: 100 sh XYZ Co.) (Mo. day, yr.) disposed of (sales price) basis. See the country (9), enter a code in Subtract column (6)
(Mo., day, yr.) Note below and (f) (g) control to the result
the instructions Code(s) Amount of with column (g)
/IDA LONGEVITY
FUND, LP 3,059.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract
negative amounts). Enter each total here and include on your
Schedule D, line 1b (if Box A above is checked), line 2 (if Box B
above is checked), or line 3 (if Box C above is checked)

46384-12

Form 8949 (2021)				Attachm	nent Sequer	nce No. 12A	Page <b>2</b>	
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	o. not required if			Social secur	rity number or	
							entification no.	
OHIO LIVING FO		you received any	Form(s) 1099-B	or substitute statem	ent(s) from v		166164	
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ation as Form 10	99-B. Either will s	how whether you	ir basis (usually you	r cost) was r	reported to the IF	Struce S by your	
Part II   Long-Term. Transaction	ons involving capita	al assets you held n	nore than 1 year are	e generally long-term (s	ee instruction	ns). For short-term t	ransactions,	
see page 1. Note: You may aggregate all								
codes are required. Enter the You must check Box D, E, or F below. C	Check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate F	orm 8949, page 2, for e		
If you have more long-term transactions than will					-			
(D) Long-term transactions rep (E) Long-term transactions rep				•	Note abov	/e)		
X (F) Long-term transactions not			-					
1 (a)	(b)	(c)	(d)	(e)	Adjustment,	, if any, to gain or	(h)	
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If you in column (d	g), enter an amount	Gain or (loss).	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the <b>Note</b> below and		See instructions.	Subtract column (e) from column (d) &	
		(Mo., day, yr.)		see Column (e) in	(f)	<b>(g)</b> Amount of	combine the result	
				the instructions	Code(s)	adjustment	with column (g)	
VIDA LONGEVITY								~
FUND, LP							267.	С
							ļ	
2 Totals. Add the amounts in colum								
negative amounts). Enter each to		-						
Schedule D, line 8b (if Box D abo							0.07	
above is checked), or line 10 (if E				han in a character ( ) th	had's s		267.	
Note: If you checked Box D above b adjustment in column (g) to correct t				. ,			•	
123012 12-14-21				How to light	amou	-	orm <b>8949</b> (2021)	
120012 12-14-21						г	(ZUZI)	

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.

Inte	rnal Reve	nue Service	Go to www.irs.gov/Form1120 for instructions and the latest information.		
Nar	ne			Employer	identification number
	ОН	IO LIVI	NG FOUNDATION	31-	1166164
P	Part I		onment Plan Information		
		f controlled grou Parent-subsidiar Brother-sister gr Combined group Life insurance c	ry group roup p		
2		•	een a member of this group:		
a		For the entire ye			
b		From	, until		
3 a b c d		Adopt an apport the current tax y Amend the current adopted plan, w years. Terminate the cu adopting an app Terminate the cu	ents and represents to: tionment plan. All the other members of this group are adopting an apportionment plan effective for vear 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 vortionment plan. urrent apportionment plan and adopt a new plan. All the other members of this group are adopting nt plan effective for the current tax year which ends on, and years.	-	
4 a b	plan w	as: Elected by the c	or 3d above, check the applicable box below to indicate if the termination of the current apportionment omponent members of the group. e component members of the group.		
5 a b	apport	ionment plan (se No apportionme	ent plan is in effect and none is being adopted. Int plan is already in effect. It was adopted for the tax year ending	, and	
	(includi from th instruct	ng extensions) o e date this corpo ions. Yes. The statute On	s group are adopting a plan or amending the current plan for a tax year after the due date if the tax return for this corporation, is there at least one year remaining on the statute of limitations iration filed its amended return for such tax year for assessing any resulting deficiency? See of limitations for this year will expire on , this corporation entered into an agreement with the venue Service to extend the statute of limitations for purposes of assessment until		
b	X	No. The membe	rs may not adopt or amend an apportionment plan.		
7		If the corporatio	n has a short tax year that does not include December 31, check the box. See instructions.		

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

113335 04-01-21 LHA

Department of the Treasury Internal Revenue Service

#### Name

#### 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

Employer identification number

► Yes X No

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 loss.							
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less				
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	<b>(e)</b> Cost	(g) Adjustments to ga or loss from Form(s) 89		(h) Gain or (loss) Subtract column (e) from		
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (	g)	column (d) and combine the 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 <b>Box A</b> checked							
2 Totals for all transactions reported on							
Form(s) 8949 with <b>Box B</b> checked							
3 Totals for all transactions reported on							
Form(s) 8949 with <b>Box C</b> checked					3,059.		
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 3	7		4			
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5			
6 Unused capital loss carryover (attach comput	ation)			6	()		
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai	e lines 1a through 6 in column	h		7	3,059.		
	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.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> 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							
<b>8b</b> Totals for all transactions reported on							
Form(s) 8949 with <b>Box D</b> checked							
9 Totals for all transactions reported on							
Form(s) 8949 with <b>Box E</b> checked			_				
<b>10</b> Totals for all transactions reported on					0.67		
Form(s) 8949 with <b>Box F</b> checked					267.		
				11			
<b>12</b> Long-term capital gain from installment sales				12			
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13			
				14			
15 Net long-term capital gain or (loss). Combin		nh		15	267.		
Part III Summary of Parts I and			I		2 050		
16 Enter excess of net short-term capital gain (li				16	3,059.		
17 Net capital gain. Enter excess of net long-term				17	267.		
<b>18</b> Add lines 16 and 17. Enter here and on Form		plicable line on other return	s [	18	3,326.		
Note: If losses exceed gains, see Capital Los	sses in the instructions.						

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

Schedule D (Form 1120) 2021

121051 12-17-21



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.



Sequence No. 12A

Social security number or taxpayer identification no.

Attachmer

OHTO LITVING FOUNDATION

OHIO LIVING FO	UNDATION					31-1	166164
Before you check Box A, B, or C bel statement will have the same informa-	ow, see whether ation as Form 109	you received any 99-B. Either will s	r Form(s) 1099-B show whether you	or substitute statem r basis (usually you	nent(s) from r cost) was	n your broker. A su reported to the IR	bstitute S by your
broker and may even tell you which           Part I         Short-Term. Transact	<i>oox to check.</i> ions involving capit	al assets vou held	1 year or less are ge	nerally short-term (see	e instruction	s). For long-term	
<b>Note:</b> You may aggregate al	Il short-term transac	tions reported on I	Form(s) 1099-B shov	ving basis was reporte	ed to the IRS	and for which no ad	
codes are required. Enter the 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	olete a separat	e Form 8949, page 1, for	
If you have more short-term transactions than wi					-		
(A) Short-term transactions re					Note abo	ove)	
(B) Short-term transactions re				eported to the IRS			
(C) Short-term transactions no				(-)	Adjustman	it, if any, to gain or	(1-)
1 (a) Description of property	(b) Date acquired	<b>(c)</b> Date sold or	(d) Proceeds	(e) Cost or other	loss. If yo	où enter an amount	(h) Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column	(g), enter a code in . See instructions.	Subtract column (e)
		(Mo., day, yr.)		Note below and	(f)		from column (d) & combine the result
				see Column (e) in the instructions	Code(s)	<b>(g)</b> Amount of adjustment	with column (g)
VIDA LONGEVITY						aujustment	(3)
FUND, LP							3,059.
				1			<u> </u>
2 Totals. Add the amounts in colu	$I = \frac{1}{2} \left( \frac{1}{2} \right) \left($	l nd (b) (subtract					
negative amounts). Enter each to							
Schedule D, line 1b (if Box A ab		•					
above is checked), or line 3 (if B							3,059.
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				. ,		•	

Form 8949 (2021)				Attachn	nent Sequenc	e No. <b>12A</b>	Page <b>2</b>
Name(s) shown on return. Name and	d SSN or taxpaye	er identification n	io. not required if			Social secu	rity number or entification no.
OHIO LIVING FO							166164
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 10	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	ur broker. A su ported to the IF	bstitute RS by your
Part II Long-Term. Transaction see page 1.		al assets you held r	more than 1 year are	generally long-term (s	ee instructions)	. For short-term t	ransactions,
Note: You may aggregate al codes are required. Enter the							
You must check Box D, E, or F below. ( If you have more long-term transactions than will						m 8949, page 2, for	each applicable box.
(D) Long-term transactions rep					-	)	
(E) Long-term transactions rep	oorted on Form(s	) 1099-B showing	g basis <b>wasn't</b> re	eported to the IRS			
<b>X</b> (F) Long-term transactions not	t reported to you	on Form 1099-E	3				1
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	<b>(d)</b> Proceeds (sales price)	(e) Cost or other basis. See the	loss. If you e in column (g)	f <b>any, to gain or</b> enter an amount , enter a code in ee instructions.	Gain or (loss). Subtract column (e)
	(110), ady, yr.)	(Mo., day, yr.)		Note below and see Column (e) in the instructions	(4)	<b>(g)</b> Amount of	from column (d) & combine the result with column (g)
VIDA LONGEVITY						adjustment	(3)
FUND, LP							267.
2 Totals. Add the amounts in colur	nns (d), (e). (a), a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo		-					_
above is checked), or line 10 (if E							267.
Note: If you checked Box D above b adjustment in column (g) to correct t	•						
123012 12-14-21				end for now to light			Form <b>8949</b> (2021)

09290510 147228 46384-1

<sup>77</sup> 2021.05080 OHIO LIVING FOUNDATION 46384-12

Form	2220
Depart	ment of the Treasury

Underpayment of Estimated Tax by C	Corpora	ations
Attach to the corporation's tax return.	FORM	990-T

FORM 990-T

OMB No. 1545-0123 2021

nternal Revenue Service	► Go to www.irs.gov/Form2220 for instructions and the latest information.		202
lame		Employer ide	ntification numbe
OHIO LI	VING FOUNDATION	31-	1166164
Note: Generally, the c	orporation is not required to file Form 2220 (see Part II below for exceptions) because the IR	S will figure ar	y penalty owed

and Ν 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	1,788.
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			
<b>c</b> Credit for federal tax paid on fuels (see instructions)	2c			
d Total. Add lines 2a through 2c			2d	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corp does not owe the penalty			3	1,788.
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. <b>Caution:</b> If the tax or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5			4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip	line 4,			
enter the amount from line 3			5	1,788.
<b>Part II Reasons for Filing -</b> Check the boxes below that apply. If any boxes are checked, even if it does not owe a penalty. See instructions.	the corpora	ation <b>must</b> file Form 22	220	
6 The corporation is using the adjusted seasonal installment method.				

The corporation is using the annualized income installment method. 7 L

The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. 8

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	10/15/21	12/15/21	03/15/22	06/15/22
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	Underpayment. If line 15 is less than or equal to line 10,					
	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	d.	
	A Fee Deserved Deduction Act Notice and concerns instru					E 0000 (000 d)

For Paperwork Reduction Act Notice, see separate instructions. LHA

Form **2220** (2021)

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# FORM 990-T

# Part IV Figuring the Penalty

			(a)	(b)	(C)		(d)
)	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					
	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
	Number of days on line 20 after 4/15/2021 and before 7/1/2021	21					
	Underpayment on line 17 x Number of days on line 21 x 3% (0.03) 365	22	\$	\$	\$		\$
	Number of days on line 20 after 6/30/2021 and before 10/1/2021	23					
	Underpayment on line 17 x Number of days on line 23 x 3% (0.03) 365	24	\$	\$	\$		\$
	Number of days on line 20 after 9/30/2021 and before 1/1/2022	25					
	Underpayment on line 17 x Number of days on line 25 x 3% (0.03) 365	26	\$	\$	\$		\$
	Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEI	E ATTACHED	WORKSHEET		
	Underpayment on line 17 x Number of days on line 27 x 3% (0.03) 365	28	\$	\$	\$		\$
	Number of days on line 20 after 3/31/2022 and before 7/1/2022	29					
	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$
	Number of days on line 20 after 6/30/2022 and before 10/1/2022	31					
	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$
	Number of days on line 20 after 9/30/2022 and before 1/1/2023	33					
	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$
	Number of days on line 20 after 12/31/2022 and before 3/16/2023	35					
	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$
	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$
	<b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the to	tal he	re and on Form 1120, li	ne 34; or the comparabl	e		\$ 6
	line for other income tax returns			e first month in the prec		38	φ 0

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** (2021)

# FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Num	ber
OHIO LIVING	FOUNDATION			31-1166	5164
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
10/15/21	447.	447.	61	.000082192	2
12/15/21	447.	894.	90	.000082192	7
03/15/22	447.	1,341.	16	.000082192	2
03/31/22	0.	1,341.	76	.000109589	11
06/15/22	447.	1,788.	15	.000109589	3
06/30/22	0.	1,788.	92	.000136986	23
09/30/22	0.	1,788.	46	.000164384	14
nalty Due (Sum of Colur		I			62

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

112511 04-01-21

### FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

*Date Amount Ad Bala	(C) ljusted ince Due -0- 447. 894.	(D) Number Days Balance Due <b>61</b>	(E) Daily Penalty Rate	5 <b>6164</b> (F) Penalty
*Date     Amount     Ad Bala       10/15/21     447.       12/15/21     447.       03/15/22     447.       03/31/22     0.       06/15/22     447.	ijusted ince Due -0- <b>447.</b>	Number Days Balance Due	(E) Daily	(F)
*Date         Amount         Bala           10/15/21         447.           12/15/21         447.           03/15/22         447.           03/31/22         0.           06/15/22         447.           06/30/22         0.	-0- 447.	Balance Due	Daily Penalty Rate	Penalty
10/15/21       447.         12/15/21       447.         03/15/22       447.         03/31/22       0.         06/15/22       447.         06/30/22       0.	447.	61		
12/15/21     447.       03/15/22     447.       03/31/22     0.       06/15/22     447.       06/30/22     0.		61		
03/15/22       447.         03/31/22       0.         06/15/22       447.         06/30/22       0.	894.		.000082192	2.
03/31/22       0.         06/15/22       447.         06/30/22       0.		90	.000082192	7.
06/15/22     447.       06/30/22     0.	1,341.	16	.000082192	2.
06/30/22 0.	1,341.	76	.000109589	11.
	1,788.	15	.000109589	3.
09/30/22 0.	1,788.	92	.000136986	23.
	1,788.	46	.000164384	14.
Penalty Due (Sum of Column F).				

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

112511 04-01-21