Form **990-PF**Department of the Treasury

PUBLIC DISCLOSURE COPY
Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

For calendar year 2019 or tax year beginning , and ending Name of foundation A Employer identification number FC44 FOUNDATION INC. 47-1065489 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 9321 BENNINGTON WAY 513-568-1820 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here CENTERVILLE, OH 45458 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here | Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here ...> I Fair market value of all assets at end of year | J | Accounting method: | Cash X Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ...▶ 11, 187. (Part I, column (d), must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income Contributions, gifts, grants, etc., received 49,805. N/A 2 Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 9 Gross sales less returns and allowances b Less: Cost of goods sold c Gross profit or (loss) 11 Other income 49,805. 0. Total, Add lines 1 through 11 0. 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 1 650. 0 325. c Other professional fees 17 Interest 18 Taxes Depreciation and depletion 19 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 1,668. 0. 1,668. 23 Other expenses STMT 2 24 Total operating and administrative 2,318 expenses. Add lines 13 through 23 0 1,993. 25 Contributions, gifts, grants paid 44,498 44,498. 26 Total expenses and disbursements. 46,816 0 Add lines 24 and 25 46,491. 27 Subtract line 26 from line 12: 2,989 a Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

D.	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	Ella o	,
Pari	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
\top_{1}	Cash - non-interest-bearing	7,220.	11,187.	11,187.
	Savings and temporary cash investments			
3	Accounts receivable	978.	(1977) you have no selected and	Total polity i New York State State State State State State
	Less: allowance for doubtful accounts	9/0.	ระหว่าและเกาะเบลร์เป็นระเลยเกรเล่าสังหม่นี้ <u>เป็</u> น.	
4	Pledges receivable 🕨			BOST TRANSPORT BUT THE PROPERTY OF THE
1	Less: allowance for doubtful accounts			
5	Grants receivable			<u> </u>
6				
ļ	disqualified persons			
,	Other notes and loans receivable			
_ '	*** *	<u> </u>	Peril Total (1983 Anno 1975) C. Limit (1983)	The Carrier and the second sec
	Less: allowance for doubtful accounts			
8 <u>ايد</u>				
Ssets	Prepaid expenses and deferred charges			ļ
¥ 10	a Investments - U.S. and state government obligations			<u></u>
- 1	b Investments - corporate stock			
	c Investments - corporate bonds			
	Investments - land, buildings, and equipment basis	atticate (2) (2) (2) (2) (2) (2)	4. 19. 19. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	
' '		Production to the district of the Control of the Control	13 13 14 14 11	
1	Less: accumulated depreciation			
12	Investments - mortgage loans			
13	Investments - other	and a first of the second of the second	The Review of the State of the	A Record Toward Chemical Control (1981) (August 1981)
14	Land, buildings, and equipment; basis			
1	Less: accumulated depreciation			<u> </u>
15				<u> </u>
1	Total assets (to be completed by all filers - see the			
"	instructions. Also, see page 1, item I)	8,198.	11,187.	11,187.
-		0,2500		23-20-33 (EVE #EVEC) 12
17				
18	Grants payable			
ဖြူ 19	Deferred revenue			
₽ 20	Loans from officers, directors, trustees, and other disqualified persons			计图形图像图像 自己的现在分词
Liabilities 51	Mortgages and other notes payable			
روا <u>ت</u> :	Other liabilities (describe			
	Other national (decorated)			
	Table 11-1-11-11-1- (add lines 17 through 99)	0.	0.	
<u> 23</u>	Total liabilities (add lines 17 through 22)			
- 1	Foundations that follow FASB ASC 958, check here X			
ဖွ	and complete lines 24, 25, 29, and 30.	0.100	. 11 100	
ည္တို 24	Net assets without donor restrictions	8,198.	11,187.	
. 교 25	Net assets with donor restrictions			
ĕ	Foundations that do not follow FASB ASC 958, check here 🕨 🗌			
or Fund Balances	and complete lines 26 through 30.			
띠ᇭ	•			
왕 27			 	
Net Assets	* *	0.100	11 100	■ 1920年 別名 AET TAN BAN MARKET TO BE TO THE TOTAL TO
뒱 29	Total net assets or fund balances	8,198.	11,187.	
ž				
30	Total liabilities and net assets/fund balances	8,198.	11,187.	
		lalances		
Par	Analysis of Changes in Net Assets of Fund b	alances		
	tel and assets or fund belonges at beginning of year - Dart II column (a) lin	0.20		
	tal net assets or fund balances at beginning of year - Part II, column (a), lin		1	8,198.
•	ust agree with end-of-year figure reported on prior year's return)		_	
	ter amount from Part I, line 27a			
3 Ot	ner increases not included in line 2 (itemize)			
4 Ad	d lines 1, 2, and 3		4	11,187.
	creases not included in line 2 (itemize)		5	0.
	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 29		
0 10	tal flot assocs of futia balances at one of year (fine 7 thinds line of 1 art h	COLUMN (S) INIO EO		Form 990-PF (2019)

(a) List and describe 2-story brick wa	the kind(s) arehouse; c	of property sold (for exa or common stock, 200 sh	mple, real estat s. MLC Co.)	e, 	(b) D	How acq - Purcha - Donat	uired (c ase ion) Date acqui mo., day, yi	ired r.)	(d) Date sold (mo., day, yr.)
1a										
b NO	NE				<u> </u>					
<u>C</u>					 					 .
<u>d</u>					-					
(e) Gross sales price	(f) [epreciation allowed (or allowable)		t or other basis xpense of sale			(1	(h) Gain o (e) plus (f) r	r (loss) ninus (g))
a			<u> </u>							
<u>b</u>			<u> </u>				 -			
<u>c</u>										
e			 							
Complete only for assets showing	ng gain in o	column (h) and owned by	the foundation	on 12/31/69.			(I) G	ains (Col. (I	h) gain n	ninus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex over	cess of col. (i) col. (j), if any			col. (k	r), but not le Losses (fron	ess than n col. (h	-0-) or))
a			<u> </u>							
<u>b</u>	<u> </u>		 							
C	-		 							
<u>d</u>			 							
e	<u> </u>	Circircia		7	7					
2 Capital gain net income or (net ca	anital loss)	If gain, also ente	er in Part I, line N- in Part I line	<i>1</i> 7	•	2				
3 Net short-term capital gain or (lo		•)					-
If gain, also enter in Part I, line 8			nu (<i>v)</i> .		J					
If (loss), enter -0- in Part I, line 8	3				<u>.</u>	3				
Part V Qualification U							nt incon	ne		
(For optional use by domestic privat	e foundation	ons subject to the section	4940(a) tax on	net investment ir	ncome).)		•		
if section 4940(d)(2) applies, leave t	this part bla	ank.								
			mount of any va	or in the bace no	rind?					Yes X No
Was the foundation liable for the sec If "Yes," the foundation doesn' <u>t quali</u>					1104:					103 [22] 110
1 Enter the appropriate amount in					entries	; <u>.</u>				
(a) Base period years		(b) Adjusted qualifying di		Net value of n	(c))	ise assets	(col	Distribi	(d) ution ratio ded by col. (c))
Calendar year (or tax year beginn 2018	ing in)		36,113.				3,301.	1001.	(b) aivi	3.882701
2017			21,601.				7,074.			3.053576
2016	-		21,230.				,969.			2.129602
2015			15,388.			(5,200.			2.481935
2014			350.				829.			.422195
2 Total of line 1, column (d)								2		11.970009
3 Average distribution ratio for the										2.394002
the foundation has been in existe	ence it iess	uian 5 years						3		2.004002
4 Enter the net value of noncharita	ible-use as	sets for 2019 from Part X	, line 5		•••••			4		14,055.
5 Multiply line 4 by line 3					•••••	••••••		5		33,648.
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)						6		0.
7 Add lines 5 and 6								7		33,648.
8 Enter qualifying distributions fro	om Part XII,	, line 4						8		46,491
If line 8 is equal to or greater that See the Part VI instructions.	an line 7, c	heck the box in Part VI, lii	ne 1b, and comp	plete that part us	ing a	1% tax ra	ate.			

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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Page 5

Pā	ift VII-A Statements Regarding Activities (continued)			
		100	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
• •	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
40	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
12		12		X
	If "Yes," attach statement. See instructions Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
13		10 1		
	Website address ► WWW.FC-44.ORG The books are in care of ► JAY MURNEN Telephone no. ► 513-56	R_18	320	
14		<u> 458</u>	20	
			_	$\overline{\Box}$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	NT	 /A	
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		165	X
	securities, or other financial account in a foreign country?	16	r-engto	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	445		
	foreign country	SAME.	POINTS	43.94 sep
Pā	irt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	- 8769 G.D	V	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	29475 36438	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		일(전)가 (첫 달라고	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	强温		
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
,	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
•	before the first day of the tax year beginning in 2019?	1c		X
9	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		THY.	
2	defined in section 4942(j)(3) or 4942(j)(5)):			
	a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
•	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years \(\rightarrow\)			
	If "Yes," list the years \(\bigcup_{ \text{in}} \),	基 基本		
1	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		34.5	N. Table
	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3		3		
	during the year?			
	b 11 Tyes, and it have excess business nothings in 2019 as a result of (1) any purchase by the foundation of disquanted persons after	i de la v		. 是多時 品質等
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		Kiş.	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	3b	1	1922 000
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	4a	 	X
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	· 第四個第二	
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	AL	17 v. (1 v.)	Х
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		<u> </u>

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Total number of other employees paid over \$50,000

Total. Add lines 1 through 3

Pa	IT X Minimum Investment Return (All domestic foundations	must complete this part. F	oreign foundations, see in	structions.)
_	Fair market value of assets not used (or held for use) directly in carrying out charital	ole, etc., purposes:	集造	
	Average monthly fair market value of securities		1a	0.
	Average of monthly cash balances			14,269.
	Fair market value of all other assets			
	Total (add lines 1a, b, and c)		1 1	14,269.
	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	1e	0.	_
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	14,269.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amour	t, see instructions)	4	214.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	on Part V, line 4	5	14,055.
6	Minimum investment return. Enter 5% of line 5		6	703.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3)	and (j)(5) private operating fo	undations and certain	
	foreign organizations, check here and do not complete this par	t.)		
1	Minimum investment return from Part X, line 6		1	703.
2a	Tax on investment income for 2019 from Part VI, line 5	2a		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b		
C	Add lines 2a and 2b		2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	703.
4	Recoveries of amounts treated as qualifying distributions	•••••	4	0.
5	Add lines 3 and 4	•••••	5	703.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	rt XIII, line 1	7	703.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pt	irposes:	\$ \$\$20	46 401
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	46,491.
b				<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charit	able, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		がらから 10 7000 20 0000 20 0000	
а	Suitability test (prior IRS approval required)		3a	
b			3b	46 401
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8;	and Part XIII, line 4	4	46,491.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net in	vestment		^
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	•••••	6	46,491.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years	s when calculating whether the	e foundation qualifies for the s	section
	4940(e) reduction of tax in those years.		<u> </u>	
	•			Form 990-PF (2019)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				703.
2 Undistributed income, if any, as of the end of 2019:			_	
a Enter amount for 2018 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014 327.				
b From 2015 15,078.				
c From 2016 20,732.				
d From 2017 21,247.				
e From 2018 35,648.				
f Total of lines 3a through e	93,032.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ►\$ 46,491.				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				然 医乳毒素 多次基础
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount	Ministration of the Company			703.
e Remaining amount distributed out of corpus	45,788.			
Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	138,820.			
b Prior years' undistributed income. Subtract			的人,这个人的人,不是不是一个人的人,不是一个人的人,不是一个人的人的人,不是一个人的人的人的人,不是一个人的人的人的人,不是一个人的人的人的人,不是一个人的人的人的人的人,不是一个人的人的人,不是一个人的人的人,不是一个人的人的人	
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		[현대 경기 전기 등 보는 10년 1일 전기 전기 경기 전기
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.	对为全部的特别的,但对于1995年的 _{是一}	
e Undistributed income for 2018. Subtract line			: 	
4a from line 2a. Taxable amount - see instr		[명일] 이 나는 사람이 바로였다는 것도 되다. [24] 하나 하나 사람들 자료되지 않는다고 보다.	0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2020	等。因為1962年代2011年上旬的大連的		마시티아(10년) "미국에 스타는 - 슬픈(12년) 1 1년 시타가 나보면 되는 사람은 사람은 수 5년	
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	,			
may be required - see instructions)	0.	, 1912년, (영향 등 12. 1916년 (일원) (1924년) - (1924년 (1924년) (1924년 1924년)		
8 Excess distributions carryover from 2014	207			
not applied on line 5 or line 7	327.			
9 Excess distributions carryover to 2020.	120 402			
Subtract lines 7 and 8 from line 6a	138,493.	1500 1500	기 보고 있는 현실 보면 있다. 그는 독특 등 등 보고 있습니다. 기 사람들이 들어 보는 것을 하는 것을 되는 것을 보고 있다.	
10 Analysis of line 9:				
a Excess from 2015 15,078.				
b Excess from 2016 20,732.				
c Excess from 2017 21,247.				
d Excess from 2018 35,648.				
e Excess from 2019 45,788.		나는 테니다 시간 때 시간 맛있다. 나일에		

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	UNDATION IN			47-10	65489 Page 10
Part XIV Private Operating F	<u>`</u>		I-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo					
b Check box to indicate whether the found	lation is a private operation	ng foundation described		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	T.:	
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed				,	
b 85% of line 2a					
e Qualifying distributions from Part XII,					
line 4, for each year listed				,	
d Amounts included in line 2c not		İ			
used directly for active conduct of					<u> </u>
exempt activities					<u> </u>
e Qualifying distributions made directly		1			
for active conduct of exempt activities.					
Subtract line 2d from line 2c					·
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying		1		,	
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter				İ	
2/3 of minimum investment return shown in Part X, line 6, for each year					ļ
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross			ļ		
investment income (interest,		Į.			
dividends, rents, payments on securities loans (section		ĺ			
512(a)(5)), or royalties)					
(2) Support from general public				1	
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	<u> </u>	<u> </u>			<u> </u>
Part XV Supplementary Info	ormation (Comple	ete this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during	the year-see insti	ructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation w	ho have contributed more	than 2% of the total cor	tributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed	more than \$5,000). (See	section 507(a)(2).)			
NONE	· ·				. <u></u>
b List any managers of the foundation w	ho own 10% or more of t	he stock of a corporation	ı (or an equally large porti	on of the ownership of a pa	artnership or
other entity) of which the foundation h	as a 10% of greater filters	;5L			
NONE					
2 Information Regarding Contribu					unata for funda. If
Check here ► X if the foundation the foundation makes gifts, grants, etc	only makes contributions	to preselected charitable	e organizations and does i litione, complete items 2a	not accept unsolicited requ	iesis ioi iulius. Ii
a The name, address, and telephone num	nber or email address of i	ine person to whom app	ncations snould be addres	seu.	
	h	ation and materials the	should include:		
b The form in which applications should	DE SUDMITTEO AND INTORM	anon and materials they	anoulu include.		
c Any submission deadlines:					
6 AUV SUDIDISSION UCAUMICS.					

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

er gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
rogram service revenue;	(a) Business code	(b) Amount	(C) Exclusion code	(d) Amount	Related or exempt function income
•	0000				-
	_ [
	I I				
Fees and contracts from government agencies			<u> </u>		
embership dues and assessments					ļ
terest on savings and temporary cash					
vestments					ļ
ividends and interest from securities			1. (15)	The Committee of the Co	- Angentan dalah Rucah Euchar
et rental income or (loss) from real estate:					
Debt-financed property			ļ		
Not debt-financed property			 -		
let rental income or (loss) from personal			1		
roperty			_		
Other investment income			<u> </u>		
Gain or (loss) from sales of assets other					
han inventory				<u> </u>	
let income or (loss) from special events	· I		-		
Gross profit or (loss) from sales of inventory			+-		
Other revenue:			1		
a			+		
b	1 1		+		
			1		
	1		1		
	1369-c3 (J. 6106)	0.		0.	
Subtotal Add columns (b) (d) and (e)	26 Pri 14(11) (0.00) (1)				
Subtotal. Add columns (b), (d), and (e)	<u> </u>				
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e)					
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculation	s.)	 		Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) Eworksheet in line 13 instructions to verify calculation THE XVI-B Relationship of Activities	s.) es to the Acco	mplishment of Ex	emp		mnlishment of
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation THE XVI-B Relationship of Activities Explain below how each activity for which	es to the Accol	mplishment of Ex	emp		mplishment of
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activities	es to the Accol	mplishment of Ex	emp		omplishment of
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation THE XVI-B Relationship of Activities Explain below how each activity for which	es to the Accol	mplishment of Ex	emp		omplishment of
otal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation ort XVI-B Relationship of Activitie e No. Explain below how each activity for which	es to the Accol	mplishment of Ex	emp		emplishment of
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activitie The No. Explain below how each activity for which	es to the Accol	mplishment of Ex	emp		mplishment of
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation THE XVI-B Relationship of Activities Explain below how each activity for which	es to the Accol	mplishment of Ex	emp		emplishment of
otal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation ort XVI-B Relationship of Activitie e No. Explain below how each activity for which	es to the Accol	mplishment of Ex	emp		omplishment of
otal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation ort XVI-B Relationship of Activitie e No. Explain below how each activity for which	es to the Accol	mplishment of Ex	emp		emplishment of
otal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation ort XVI-B Relationship of Activitie e No. Explain below how each activity for which	es to the Accol	mplishment of Ex	emp		emplishment of
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation THE XVI-B Relationship of Activities Explain below how each activity for which	es to the Accol	mplishment of Ex	emp		mplishment of
otal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation ort XVI-B Relationship of Activitie e No. Explain below how each activity for which	es to the Accol	mplishment of Ex	emp		emplishment of
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) Explain below how each activity for which	es to the Accol	mplishment of Ex	emp		emplishment of
otal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation ort XVI-B Relationship of Activitie e No. Explain below how each activity for which	es to the Accol	mplishment of Ex	emp		emplishment of
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation THE XVI-B Relationship of Activities Explain below how each activity for which	es to the Accol	mplishment of Ex	emp		emplishment of
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) Explain below how each activity for which	es to the Accol	mplishment of Ex	emp		emplishment of
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation THE XVI-B Relationship of Activities Explain below how each activity for which	es to the Accol	mplishment of Ex	emp		implishment of

923621 12-17-19

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did the org	anization directly or indire	ectly engage in any o	f the following	with any other organization	n described in section	501(c)	Ye	s No
•					to political organizations?				
а		om the reporting founda							
-								1a(1)	X
								1a(2)	X
h	Other trans	***************************************		***************************************				建筑 计最高	\$ \$ \$ X
		-	ile exempt organizatio	on				1b(1)	X
								F	X
								T. T. T. T. T.	X
	• •							41.743	X
								41.75	X
					18				X
C	• •				ployees				Х
ч	If the answ	er to any of the above is	"Yes." complete the fo	ollowina sched	dule. Column (b) should alw	vavs show the fair ma	rket value of the goods,	other assets,	
u	or services	given by the reporting fo	oundation. If the foun	dation receive	d less than fair market value	e in any transaction o	r sharing arrangement,	show in	
		the value of the goods,							
a)∟		b) Amount involved			exempt organization	(d) Description o	f transfers, transactions, and	sharing arrange	ments
				N/A					
			<u> </u>						
									
									
									
		<u> </u>							
							<u> </u>		
2a					or more tax-exempt organiz			Yes	X No
				CTION 5277				165	LAY NO
b	If "Yes," co	mplete the following sch (a) Name of org			(b) Type of organization	1	c) Description of relation	nship	 -
		N/A	jamzanon			!	of Edderiphon of Totallor	р	
		N/A		· · · · · ·					
									-
						-			
_									
_	Under	penalties of perjury, I declare	that I have examined this	return, including	accompanying schedules and st	atements, and to the bes	t of my knowledge	May the IRS disc	uss this
S	ign and be	lief, it is true, correct, and con	nplete. Declaration of pre	parer (other than	taxpayer) is based on all informa	ition of which preparer ha	s any knowledge.	eturn with the pr shown below? Se	eparer ee instr.
	ere	Chan	2		1/24/20	TRUSTE		Yes	☐ No
	Sigr	nature of officer of trustee			Date	Title	L		
	<u></u>	Print/Type preparer's n	ame	Preparer's s	ignature	Date	Check if PTII	V	
		HERBERT L	LEMASTER,			1	self- employed		
	aid	CPA		<u> </u>	T L LEMASTE	01/21/20		000398	
	reparer	Firm's name ► CLA	RK, SCHAE	FER, H	ACKETT & CO.		Firm's EIN ► 31-	080005	3
U	se Only								
		Firm's address ► 10			DRIVE			006 00	7.0
		D.F	AYTON, OH	45342	<u> </u>		Phone no. 937-	226-00'	
								Form 990-	┌┌ (2019)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

47-1065489 FC44 FOUNDATION INC. Organization type (check one): Section: Filers of: ___ 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

FC44 FOUNDATION	INC.	 	

47-1065489

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KINGSGATE LOGISTICS 9100 WEST CHESTER TOWNE CENTRE DR, STE 300 WEST CHESTER, OH 45069	\$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
2	WINSUPPLY 3110 KETTERING BLVD. DAYTON, OH 45439	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FC44 FOUNDATION INC.

47-1065489

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. rom art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art 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
<u>·</u>		\$	
(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

Jame of organization

Employer identification number

† E	UNDATION INC . Exclusively religious, charitable, etc., contributi	ons to organizations described in section	on 501(c)(7), (8), or (10) that total more than \$1,000 for the
学生,在"生 "		the could be a selected and the fallowing line and the l	or organizations
C	ompleting Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or less	s for the year. (Enter this info. once.) \$
	ose duplicate copies of Part III il additional	space is needed.	
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt I			
-			_
			_
_ _			_
<u> </u>			
		(e) Transfer of gift	
			The state of the s
<u> </u>	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
1 –			
-		 	
No			
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt I			
-			_
I -			_
-			- I
		/-> T	
		(e) Transfer of gift	
		1710 4	Deletionship of transferor to transferoe
<u> </u>	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
–			
-			
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om	(b) Purpose of gift		(d) Description of how gift is held
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om		(e) Transfer of gift	
om	(b) Purpose of gift Transferee's name, address, a	(e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
om		(e) Transfer of gift	
om		(e) Transfer of gift	
om		(e) Transfer of gift	
om art I	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. om		(e) Transfer of gift	
No. om	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
om art I	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
om art I	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
om	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
om art I	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No.	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4 (c) Use of gift	Relationship of transferor to transferee
nn rt I	Transferee's name, address, a	(e) Transfer of gift (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee

FORM 990-PF	ACCOUNTING FEES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
-	650.	0.		325.	
TO FORM 990-PF, PG 1, LN 16B	650.	0.		325.	
FORM 990-PF	OTHER E	XPENSES	STATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MARKETING EXPENSE BANK FEES POSTAGE	1,180. 431. 57.	0.		1,180. 431. 57.	
TO FORM 990-PF, PG 1, LN 23	1,668.	0.		1,668.	

FORM 990-PF PART VIII - LIS TRUSTEES ANI	- LIST OF OFFICERS, DIRECTORS EES AND FOUNDATION MANAGERS			STATEMENT 3	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
JAY MURNEN 9321 BENNINGTON WAY CENTERVILLE, OH 45458	TRUSTEE/PRESID	ENT 0.	0.	0.	
DANNY MCGEADY 391 MERRICK DR BEAVERCREEK, OH 45434	TRUSTEE/VICE P 2.00	RESIDENT 0.	0.	0.	
GEORGE TOLLIVER 1909 N. REGENT PARK DR BELLBROOK, OH 45305	TRUSTEE/SECRET 2.00	ARY	0.	0.	
BRIAN MCGEADY 3280 STAGECOACH WAY LIBERTY TOWNSHIP, OH 45011	TRUSTEE/TREASU 2.00	TRUSTEE/TREASURER 2.00 0.		0.	
PAT MURNEN 7935 BRAINARD WOODS CENTERVILLE, OH 45458	TRUSTEE 2.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0	