

2019 Exempt Organization Return
prepared for:

80/20 FOUNDATION TRUST
P.O. BOX 330
COLUMBIA CITY, IN 46725

Baden, Gage & Schroeder, LLC
6920 Pointe Inverness Way #300
Fort Wayne, IN 46804-7926

Filing Instructions

80/20 FOUNDATION TRUST

Private Foundation Tax Return

Taxable Year Ended December 31, 2019

Date Due: May 15, 2020

Remittance: None is required. Your Form 990-PF for the tax year ended 12/31/19 shows a total overpayment of \$870, all of which is to be credited to your estimated tax liability for the coming year. Do not mail a copy of this return.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Baden, Gage & Schroeder, LLC
6920 Pointe Inverness Way #300
Fort Wayne, IN 46804-7926

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Undistributed Income: The Organization has undistributed income of \$571,229 on Form 990-PF for the tax year ending December 31, 2019. The Organization must distribute this amount by December 31, 2020, so that it will not be liable for the tax on undistributed income.

Filing Instructions

80/20 FOUNDATION TRUST

Estimated Tax Payments

Taxable Year Ending December 31, 2020

Instructions: Your required 2020 Form 990-PF estimated tax payments are as follows:

Due Date	Remittance
5/15/20	\$130
6/15/20	\$1,000
9/15/20	\$1,000
12/15/20	\$1,000

Each payment should be made by a method of Electronic Funds Transfer (EFT). If using the ACH Debit Remittance Method, contact the EFTPS Financial Agent of the U.S. Treasury and direct the Agent to initiate a withdrawal from your account. If using the ACH Credit Remittance Method, contact your financial institution to initiate each tax payment.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2019, or fiscal year beginning 2019, and ending 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.**2019**

Name of exempt organization

80/20 FOUNDATION TRUST

Employer identification number

82-3518678

Name and title of officer

JOHN WOOD
CHAIR**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	2,768
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BADEN, GAGE & SCHROEDER, LLC to enter my PIN 11946 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 05/01/20

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35509429163

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature } JEFFREY A. SANDERSON, CPA

Date } 05/01/20

ERO Must Retain This Form — See Instructions**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Form **990-PF**

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

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

For calendar year 2019 or tax year beginning , and ending

Name of foundation 80/20 FOUNDATION TRUST		A Employer identification number 82-3518678
Number and street (or P.O. box number if mail is not delivered to street address) P.O. BOX 330	Room/suite	B Telephone number (see instructions) 260-212-1235
City or town, state or province, country, and ZIP or foreign postal code COLUMBIA CITY IN 46725		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input type="checkbox"/> Section 501(c)(3) exempt private foundation <input checked="" type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) u \$ 12,205,916	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule) ...	800,175			
	2 Check u <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	73	73	73	
	4 Dividends and interest from securities	323,780	323,780	323,780	
	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				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	1,124,028	323,853	323,853		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule) SEE STMT 1	34,489			
	b Accounting fees (attach schedule) STMT 2	8,085			
	c Other professional fees (attach schedule) STMT 3	251,584	47,017		
	17 Interest	16			
	18 Taxes (attach schedule) (see instructions) STMT 4	3,670			
	19 Depreciation (attach schedule) and depletion STMT 5	20,050			
	20 Occupancy	35,926			
	21 Travel, conferences, and meetings	16,131			
	22 Printing and publications	125			
	23 Other expenses (att. sch.) STMT 6	57,229			
	24 Total operating and administrative expenses. Add lines 13 through 23	427,305	47,017	0	0
	25 Contributions, gifts, grants paid	334,745			334,745
26 Total expenses and disbursements. Add lines 24 and 25	762,050	47,017	0	334,745	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	361,978				
b Net investment income (if negative, enter -0-)		276,836			
c Adjusted net income (if negative, enter -0-)			323,853		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2019)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash – non-interest-bearing	24,716	2,008	2,008
	2	Savings and temporary cash investments			
	3	Accounts receivable u			
		Less: allowance for doubtful accounts u			
	4	Pledges receivable u			
		Less: allowance for doubtful accounts u			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (att. schedule) u			
		Less: allowance for doubtful accounts u	0		
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments – U.S. and state government obligations (attach schedule)			
		b Investments – corporate stock (attach schedule) SEE STMT 7	10,228,290	12,203,908	12,203,908
		c Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis u			
	Less: accumulated depreciation (attach sch.) u				
12	Investments – mortgage loans				
13	Investments – other (attach schedule)				
14	Land, buildings, and equipment: basis u 31,754				
	Less: accumulated depreciation (attach sch.) u STMT 8 20,051		11,703		
15	Other assets (describe u SEE STATEMENT 9)	5,825	10,500		
16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)	10,258,831	12,228,119	12,205,916	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe u SEE STATEMENT 10)	3,459		
	23	Total liabilities (add lines 17 through 22)	3,459	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. u <input checked="" type="checkbox"/>				
	24	Net assets without donor restrictions	10,255,372	12,228,119	
	25	Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. u <input type="checkbox"/>				
	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds			
29	Total net assets or fund balances (see instructions)	10,255,372	12,228,119		
30	Total liabilities and net assets/fund balances (see instructions)	10,258,831	12,228,119		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	10,255,372
2	Enter amount from Part I, line 27a	361,978
3	Other increases not included in line 2 (itemize) u SEE STATEMENT 11	1,610,769
4	Add lines 1, 2, and 3	12,228,119
5	Decreases not included in line 2 (itemize) u	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	12,228,119

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a N/A				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7			2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8			3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	13,443	6,790,704	0.001980
2017		4,925,000	
2016			
2015			
2014			
2 Total of line 1, column (d)			2 0.001980
3 Average distribution ratio for the 5-year base period – divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			3 0.001980
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			4 11,566,865
5 Multiply line 4 by line 3			5 22,902
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 2,768
7 Add lines 5 and 6			7 25,670
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			8 334,745

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, domestic foundations, tax under section 511, add lines, subtitle A tax, tax based on investment income, credits/payments, total credits, penalty, tax due, overpayment, and amount of line 10 to be credited or refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about influencing legislation, political purposes, Form 1120-POL filing, tax on political expenditures, reimbursement, IRS reporting, unrelated business income, tax return filing, liquidation, 508(e) requirements, assets, states reported to, and private operating foundation status.

Part VII-A Statements Regarding Activities (continued)

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
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address u 8020FOUNDATIONTRUST.ORG
14 The books are in care of u JOHN WOOD Telephone no. u 260-212-1235 P.O. BOX 330
Located at u COLUMBIA CITY IN ZIP+4 u 46725
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here u
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country u

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

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?
(5) Transfer any income or assets to a disqualified person (or make any of either available 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 Organizations relying on a current notice regarding disaster assistance, check here u
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?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation 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 u 20 , 20 , 20 , 20
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect 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.)
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. u 20 , 20 , 20 , 20
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after 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 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, Schedule C, to determine if the foundation had excess business holdings in 2019.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
(3) Provide a grant to an individual for travel, study, or other similar purposes?
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions
Organizations relying on a current notice regarding disaster assistance, check here
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?
If "Yes," attach the statement required by Regulations section 53.4945-5(d).
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
If "Yes" to 6b, file Form 8870.
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

Table with 5 columns: (a) Name and address, (b) Title, and average hours per week devoted to position, (c) Compensation (If not paid, enter -0-), (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances. Row 1: SEE STATEMENT 12

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000, (b) Title, and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances. Row 1: NONE

Total number of other employees paid over \$50,000 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	u	

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	11,718,807
b	Average of monthly cash balances	1b	19,203
c	Fair market value of all other assets (see instructions)	1c	5,000
d	Total (add lines 1a, b, and c)	1d	11,743,010
e	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	11,743,010
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	176,145
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	11,566,865
6	Minimum investment return. Enter 5% of line 5	6	578,343

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	578,343
2a	Tax on investment income for 2019 from Part VI, line 5	2a	2,768
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	2,768
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	575,575
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	575,575
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	575,575

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	334,745
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	334,745
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	2,768
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	331,977

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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				575,575
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			330,399	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e				
4 Qualifying distributions for 2019 from Part XII, line 4: u \$ <u>334,745</u>				
a Applied to 2018, but not more than line 2a			330,399	
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2019 distributable amount				4,346
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b. Taxable amount – see instructions				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				571,229
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)				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling u

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly 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 under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public 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					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:
80/20 FOUNDATION TRUST 260-212-1235
P.O. BOX 330 COLUMBIA CITY IN 46725

b The form in which applications should be submitted and information and materials they should include:
SEE SCHOLARSHIP APPLICATION ATTACHED.

c Any submission deadlines:
GRANT PROPOSALS ARE REVIEWED QUARTERLY.

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
SEE STATEMENT 13

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> IVY TECH NE IN 3800 N. ANTHONY FORT WAYNE IN 46805	NONE	PC	BAILEIGH HEAVY DUTY HYDROLIC SHEAR	38,495
TRINE UNIVERSITY 1 UNIVERSITY AVE ANGOLA IN 46703	NONE	PC	SPONSORSHIP SHELL ECOTHON PROJECT	1,000
NORTHEAST INDIANA FUND 200 EAST MAIN STREET FORT WAYNE IN 46802	NONE	PC	GROWTH OF NORTHEAST INDIANA	7,500
WHITLEY COUNTY COMMUNITY FOUNDATION 400 N WHITLEY ST COLUMBIA CITY IN 46725	NONE	PC	MANUFACTURING YOUR FUTURE SCHOLARSHI	54,388
COMMUNITY FOUNDATION OF WABASH COUN 105 W 2ND ST, SUITE 100 NORTH MANCHESTER IN 46962	NONE	PC	CAPITAL - CAREER TRAINING	65,500
COMMUNITY FOUNDATION DEKALB COUNTY 700 MAIN ST AUBURN IN 46706	NONE	PC	PROMISE PLEDGE 2019	1,000
WHITLEY COUNTY COMMUNITY FOUNDATION 400 N WHITLEY ST COLUMBIA CITY IN 46725	NONE	PC	WELDING GRANT FOR WCCS	61,782
COMMUNITY FOUNDATION OF WABASH COUN 105 W 2ND ST, SUITE 100 NORTH MANCHESTER IN 46962	NONE	PC	NEXGEN LEADERSHIP ACADEMY	5,100
WHITLEY COUNTY COMMUNITY FOUNDATION 400 N WHITLEY ST COLUMBIA CITY IN 46725	NONE	PC	WHITKO CAREER ACADEMY GRANT	40,800
TRINE UNIVERSITY 1 UNIVERSITY AVE ANGOLA IN 46703	NONE	PC	MAKER SPACE INNOVATION LAB IN FAWICK	50,000
Total			u 3a	334,745
b <i>Approved for future payment</i> N/A				
Total			u 3b	

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1: N/A

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule. Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1: N/A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

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

Signature of officer or trustee: [Signature] Date: [Date] Title: CHAIR

Paid Preparer Use Only

Print/Type preparer's name: JEFFREY A. SANDERSON, CPA; Preparer's signature: JEFFREY A. SANDERSON, CPA; Date: 05/05/20; Firm's name: BADEN, GAGE & SCHROEDER, LLC; Firm's address: 6920 POINTE INVERNESS WAY #300 FORT WAYNE, IN 46804-7926; PTIN: P00236192; Firm's EIN: 35-1939627; Phone no.: 260-422-2551

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<p>a Paid during the year</p> <p>WHITLEY COUNTY COMMUNITY FOUNDATION 400 N WHITLEY ST COLUMBIA CITY IN 46725</p>	<p>NONE</p> <p>PORTION OF WHITKO</p>	<p>PC</p> <p>CAREER ACADEMY GRA</p>	<p></p>	<p>9,180</p>
Total				u 3a
<p>b Approved for future payment</p> <p>N/A</p>				
Total				u 3b

Schedule B
(Form 990, 990-EZ,**or 990-PF)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2019**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization

80/20 FOUNDATION TRUST

Employer identification number

82-3518678

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

Name of organization

80/20 FOUNDATION TRUST

Employer identification number

82-3518678

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	DONALD WOOD 3821 W COUNTY ROAD S FORT WAYNE IN 46814	\$ 800,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Form **2220**

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

u Attach to the corporation's tax return.

2019

uGo to www.irs.gov/Form2220 for instructions and the latest information.

Name 80/20 FOUNDATION TRUST	Employer identification number 82-3518678
---------------------------------------	---

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

Part I Required Annual Payment

1 Total tax (see instructions)		1	2,768
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	2,768
4 Enter the tax shown on the corporation's 2018 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	1,557
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	2,768

Part II Reasons for Filing—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/19	06/15/19	09/15/19	12/15/19
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule 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	692	692	692	692
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			1,170	2,500
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13			1,170	2,500
14 Add amounts on lines 16 and 17 of the preceding column	14		692	1,384	906
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0	0	0	1,594
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		692	214	
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	692	692	692	0
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 there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2019)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 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 SEE WORKSHEET			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2019 and before 7/1/2019	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 6% (0.06)	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2019 and before 10/1/2019	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2019 and before 1/1/2020	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 5% (0.05)	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2019 and before 4/1/2020	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{366}$ x 5% (0.05)	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2020 and before 7/1/2020	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{366}$ x %	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2020 and before 10/1/2020	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{366}$ x %	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2020 and before 1/1/2021	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{366}$ x %	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2020 and before 3/16/2021	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x %	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns			38 \$	32

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 Worksheet

Form **2220**

2019

For calendar year 2019, or tax year beginning _____, and ending _____

Name

Employer Identification Number

80/20 FOUNDATION TRUST

82-3518678

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>05/15/19</u>	<u>06/15/19</u>	<u>09/15/19</u>	<u>12/15/19</u>
Amount of underpayment	<u>692</u>	<u>692</u>	<u>692</u>	<u> </u>

Prior year overpayment applied

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	<u> </u>	<u> </u>	<u>09/11/19</u>	<u>12/11/19</u>	<u> </u>
Amount of payment	<u> </u>	<u> </u>	<u>1,170</u>	<u>2,500</u>	<u> </u>

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	5/15/19	6/30/19	692	46	6.00	5
1	6/30/19	9/11/19	692	73	5.00	7
2	6/15/19	6/30/19	692	15	6.00	2
2	6/30/19	9/11/19	692	73	5.00	7
2	9/11/19	12/11/19	214	91	5.00	3
3	9/15/19	12/11/19	692	87	5.00	8
TOTAL PENALTY						32
						=====

Federal Statements**Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
LEGAL FEES	\$ 34,489	\$	\$	\$
TOTAL	\$ 34,489	\$ 0	\$ 0	\$ 0

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING FEES	\$ 8,085	\$	\$	\$
TOTAL	\$ 8,085	\$ 0	\$ 0	\$ 0

Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
PHILANTHROPY CONSULTING	\$ 198,887	\$ 8,285	\$	\$
INVESTMENT MANAGEMENT FEES	38,732	38,732		
IT SERVICES	13,965			
TOTAL	\$ 251,584	\$ 47,017	\$ 0	\$ 0

Statement 4 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FEDERAL EXCISE TAX	\$ 3,670	\$	\$	\$
TOTAL	\$ 3,670	\$ 0	\$ 0	\$ 0

Federal Statements**Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation**

Description								
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income	
LENOVO - 2 DSKTP 1 LPTP								
1/23/19	\$ 5,468	\$	200DB	5	\$ 5,468	\$	\$	
LEASEHOLD IMPROVEMENTS								
1/05/19	11,999		S/L	39	295			
OFFICE FURNITURE								
9/24/19	11,693		200DB	7	11,693			
LENOVO THINKPAD & ACCESS.								
7/29/19	2,594		200DB	5	2,594			
TOTAL	\$ 31,754	\$ 0			\$ 20,050	\$ 0	\$ 0	

Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES	\$	\$	\$	\$
EQUIPMENT RENTAL/MAINTENTANCE	3,092			
INSURANCE	3,705			
POSTAGE	238			
SUBSCRIPTIONS	3,250			
SUPPLIES	2,637			
TELEPHONE	5,047			
SOFTWARE	8,126			
MARKETING	28,908			
INTERNET	1,969			
BANK FEES	39			
MISC EXPENSES	218			
TOTAL	\$ 57,229	\$ 0	\$ 0	\$ 0

Federal Statements**Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
PUBLICLY TRADED SECURITIES	\$ 10,228,290	\$ 12,203,908	MARKET	\$ 12,203,908
TOTAL	<u>\$ 10,228,290</u>	<u>\$ 12,203,908</u>		<u>\$ 12,203,908</u>

Statement 8 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

<u>Description</u>	<u>Beginning Net Book</u>	<u>End Cost / Basis</u>	<u>End Accumulated Depreciation</u>	<u>Net FMV</u>
	\$	\$ 31,754	\$ 20,051	\$
TOTAL	<u>\$ 0</u>	<u>\$ 31,754</u>	<u>\$ 20,051</u>	<u>\$ 0</u>

Federal Statements**Statement 9 - Form 990-PF, Part II, Line 15 - Other Assets**

Description	Beginning of Year	End of Year	Fair Market Value
CONSTRUCTION IN PROGRESS	\$ 5,825	\$	\$
PREPAID EXPENSES		10,500	
TOTAL	\$ 5,825	\$ 10,500	\$ 0

Statement 10 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Beginning of Year	End of Year
CREDIT CARD PAYABLE	\$ 1,836	\$
FEDERAL EXCISE TAX PAYABLE	1,623	
TOTAL	\$ 3,459	\$ 0

Statement 11 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Amount
UNREALIZED GAINS	\$ 1,610,769
TOTAL	\$ 1,610,769

Federal Statements**Statement 12 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,
Etc.**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
JOHN WOOD P.O. BOX 330 COLUMBIA CITY IN 46725	CHAIR	28.00	0	0	0
PATRICK BUESCHING P.O. BOX 330 COLUMBIA CITY IN 46725	CFO	4.00	0	0	0
GARY GATMAN P. O. BOX 330 COLUMBIA CITY IN 46725	TRUSTEE	2.00	0	0	0
BRIAN EMERICK P.O. BOX 330 COLUMBIA CITY IN 46725	SECRETARY	2.00	0	0	0
JOHN HAIFLEY P.O. BOX 330 COLUMBIA CITY IN 46725	TRUSTEE	2.00	0	0	0

Federal Statements

Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

SEE SCHOLARSHIP APPLICATION ATTACHED.

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

GRANT PROPOSALS ARE REVIEWED QUARTERLY.

Statement 13 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

THE 80/20 FOUNDATION TRUST SUPPORTS INDIVIDUALS AND INSTITUTIONS IN THE TRAINING AND EDUCATION IN THE AREAS OF INDUSTRIAL TECHNOLOGY
MACHINE TOOL TECHNOLOGY
ENGINEERING TECHNOLOGY
SALES
ENTREPRENEURISM
LEADERSHIP

Underdistribution and Excess Distributions for Part XIIIForm **990-PF****2019**

For calendar year 2019, or tax year beginning , ending

Name

80/20 FOUNDATION TRUST

Employer Identification Number
82-3518678**Undistributed Income Carryovers**

Form 990-PF, Part XIII

Tax Year	Prior Undistributed Income			Current Year Decreases	Next Year Carryover	
	Nontaxable or Previously Taxed	Taxable in 2019	Total per Year		Nontaxable or Previously Taxed	Taxable in 2020
Years prior						
20 15						
20 16						
20 17						
2018		330,399	330,399	330,399		
2019			575,575	4,346		571,229
Total Carryover to Next Year						571,229

* Carryover amount includes 4942(a) amounts

Excess Distribution Carryovers

Form 990-PF, Part XIII

Preceding Tax Year Excess Distributions	Current Year	Next Year
	Decreases	Carryover
2014		
2015		
2016		
2017		
2018		
Current Year Excess Distribution Generated (2019)		0
Total Carryover to Next Year		0

Filing Instructions

80/20 FOUNDATION TRUST

Indiana Nonprofit Organization 's Annual Report

Taxable Year Ended December 31, 2019

Date Due: May 15, 2020

Remittance: None is required.

Mail To: Indiana Department of Revenue
Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481

Signature: The return should be signed and dated by an officer representing the organization.

NP-20

State Form 51062
(R10 / 8-19)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
Beginning 01 01 2019 **and Ending** 12 31 2019
MM/DD/YYYY MM/DD/YYYY

Check if: Change of Address
 Amended Report
 Final Report: Indicate Date Closed _____

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization 80/20 FOUNDATION TRUST		Telephone Number 260 212 1235	
Address P.O. BOX 330		County 92	Indiana Taxpayer Identification Number 0130850519 000
City COLUMBIA CITY	State IN	Zip Code 46725	Federal Employer Identification Number 82 3518678
Printed Name of Person to Contact JOHN WOOD		Contact's Telephone Number 260 212 1235	

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes. **NONE**
2. Indicate number of years your organization has been in continuous existence 3.
3. Attach a schedule, listing the names, titles and addresses of your current officers. **SEE STATEMENT 1**
4. Briefly describe the purpose or mission of your organization below.

SEE STATEMENT 2

Email Address: _____

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Signature of Officer or Trustee JOHN WOOD	CHAIR	
	<small>Title</small>	<small>Date</small>
Name of Person(s) to Contact	260 212 1235	
	<small>Daytime Telephone Number</small>	

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481
Telephone: (317) 232-0129

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



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Statement 1 - IN Form NP-20, Line 3 - Current Officers

<u>Officer Name</u>	<u>Title</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
JOHN WOOD	CHAIR	P.O. BOX 330	COLUMBIA CITY	IN	46725
PATRICK BUESCHING	CFO	P.O. BOX 330	COLUMBIA CITY	IN	46725
BRIAN EMERICK	SECRETARY	P.O. BOX 330	COLUMBIA CITY	IN	46725

Statement 2 - IN Form NP-20, Line 4 - Purpose of Mission of OrganizationDescription

THE FOUNDATION IS CREATED FOR CHARITABLE, RELIGIOUS, SCIENTIFIC AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF IRC SECTION 501(C)(3) TO PROMOTE TRAINING AND EDUCATION IN THE FIELDS OF SALES, ENTREPRENEURISM AND LEADERSHIP, MACHINE TOOL TECHNOLOGY AND ENGINEERING TECHNOLOGY.

Filing Instructions

80/20 FOUNDATION TRUST

Indiana Nonprofit Organization Unrelated Business Income Tax Return

Taxable Year Ended December 31, 2019

Date Due: May 15, 2020

Remittance: None is required. Your Form IT-20NP for the tax year ended 12/31/19 shows no balance due.

Mail To: Indiana Department of Revenue
P.O. Box 7228
Indianapolis, IN 46207-7228

Signature: The return should be signed and dated on Page 2 by an officer representing the organization.

Form IT-20NP

State Form 148
(R18 / 8-19)

Indiana Department of Revenue
Indiana Nonprofit Organization Unrelated Business Income Tax Return
Calendar Year Ending December 31, 2019 or

Fiscal Year Beginning **2019** and Ending

Check box if amended.

Check box if name changed.

Name of Organization

Federal Employer Identification Number

80/20 FOUNDATION TRUST

82 3518678

Number and Street

2-Digit County Code

Principal Business Activity Code

P.O. BOX 330

92

City

State ZIP Code

Telephone Number

COLUMBIA CITY

IN 46725

260 212 1235

- K** Check all boxes that apply: Initial Return Final Return In Bankruptcy Schedule M
- L** Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? Yes No

Adjusted Gross Income Tax Calculation on Unrelated Business Income

1. Unrelated business taxable income before NOL deduction from federal Form 990-T. Use a minus sign for negative amounts. Attach Form 990-T _____	1	.00
2. Specific deduction (generally \$1,000; see instructions) _____	2	1000 .00
3. Subtract line 2 from line 1 _____	3	-1000 .00

Modifications (use a minus sign for negative amounts)

4. Enter name of add-back or deduction U.S. OBLIGATIONS Code No. 622	4	.00
5. Enter name of add-back or deduction BONUS DEPRECIATI Code No. 104	5	.00
6. Enter name of add-back or deduction Code No.	6	.00
7. Enter name of add-back or deduction Code No.	7	.00
8. Unrelated business income: add or subtract lines 3 through 7. If not apportioning, enter same amount on line 10 _____	8	-1000 .00
9. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (enclose schedule) _____	9	%
10. Unrelated business income apportioned to Indiana (line 8 x line 9; otherwise, enter line 8 amount) _____	10	-1000 .00
11. Enter Indiana Net Operating Loss deduction. Enclose Schedule IT-20NOL _____	11	.00
12. Taxable Indiana unrelated business income (subtract line 11 from line 10) _____	12	-1000 .00
13. Taxable income from other forms (Form 1120-POL) _____	13	.00
14. Subtotal (add lines 12 and 13) _____	14	-1000 .00
15. Indiana tax on unrelated business income (multiply line 14 by tax rate; see instructions for line 15) _____	15	.00
16. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet _____	16	.00
17. Total tax due (add lines 15 and 16) _____	17	.00

Credit for Estimated Tax and Other Payments

18. Quarterly estimated tax paid: Qtr. 1 Qtr. 2 Qtr. 3 Qtr. 4 Enter total	18	.00
19. Amount paid with extension _____	19	.00
20. Amount of overpayment credit (from tax year ending _____) _____	20	.00
21. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE) _____	21	.00
22. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R) _____	22	.00
23. Enter the amount of other credit Code No. _____	23	.00
24. Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return _____	24	.00
25. Total credits (add lines 18-24) _____	25	.00
26. Balance of tax due (line 17 minus 25) _____	26	.00
27. Penalty for the underpayment of estimated tax. Attach Schedule IT-2220 _____	27	.00
Check box if using annualization method		
28. Interest: If payment is made after the original due date, compute interest (see instructions) _____	28	.00
29. Penalty: If paid late, enter the greater of \$5 or 10% of line 26; see instructions. If line 17 is zero, enter \$10 per day filed past due date _____	29	.00
30. Total payment due (add lines 26-29). (Payment must be made in U.S. funds) PAY THIS AMOUNT _____	30	.00
31. Total overpayment (line 25 minus lines 17 and 27-29) _____	31	.00
32. Amount of line 31 to be refunded _____	32	.00
33. Amount of line 31 to be applied to the following year's estimated tax account _____	33	.00



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Additional Explanation or Adjustment

Line (a)	Explanation (b)	Amount (c)
		.00
		.00
		.00

Certification of Signatures and Authorization Section

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

I authorize the department to discuss my return with my personal representative (see instructions). Yes No

Paid Preparer's Email Address: JSANDERSON@BADENCPA.COM

Personal Representative's Name (Print or Type)

BADEN, GAGE & SCHROEDER, LLC

Paid Preparer: Firm's Name (or yours if self-employed)

Personal Representative's Email Address

P00236192

Signature of Corporate Officer

Date

PTIN

260 422 2551

Telephone Number

JOHN WOOD

CHAIR

6920 POINTE INVERNESS WAY #300

Print or Type Name of Corporate Officer

Title

Address

JEFFREY A. SANDERSON, CPA

05 05 2020

FORT WAYNE

Signature of Paid Preparer

Date

City

JEFFREY A. SANDERSON, CPA

IN

46804 7926

Print or Type Name of Paid Preparer

State

Zip Code + 4

**Please mail your forms to:
Indiana Department of Revenue
P.O. Box 7228
Indianapolis, IN 46207-7228**



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SCHEDULE E
Form IT-20/20S/20NP/IT-65
State Form 49105
(R18 / 8-19)

Indiana Department of Revenue
Apportionment of Income for Indiana

for Tax Year Beginning 01 01 2019 and Ending 12 31 2019

Name as shown on return

Federal Employer Identification Number

80/20 FOUNDATION TRUST

82 3518678

Each filing entity having income from sources both within and outside Indiana must complete an apportionment schedule except financial institutions and certain insurance companies that use a single receipts factor. Interstate transportation entities must use Schedule E-7. Combined unitary filers must use the apportioning method (relative formula percentage) as outlined in Information Bulletin #12 and Tax Policy Directive #6. Omit cents; percents should be rounded two decimal places; read apportionment instructions.

Part I - Indiana Apportionment of Adjusted Gross Income

Sales/Receipts (less returns and allowances)

Include all non-exempt apportioned gross business income. Do not use non-unitary partnership income of previously apportioned income that must be separately reported as allocated income.

	Column A Total Within Indiana	Column B Total Within and Outside Indiana	Column C Indiana Percentage
Sales delivered or shipped to Indiana:			
1. Shipped from within Indiana	.00		
2. Shipped from outside Indiana	.00		
Sales shipped from Indiana to:			
3. The United States government	.00		
4. Purchasers in a state where the taxpayer is not subject to income tax (under P.L. 86-272) (for years beginning prior to Jan. 1, 2016 only)	.00		
Other			
5. Interest & other receipts from extending credit attributed to Indiana	.00		
6. Other gross business receipts not previously apportioned	.00		
7. Direct premiums and annuities received for insurance upon property or risks in Indiana	.00		
8. Total Receipts: Add column A receipts lines on 1A through 7A and enter in line 8A. Enter all receipts on line 8B	.00	.00	
8A	.00	8B	.00
Apportionment of income for Indiana:			
9. Apportionment Percentage: Divide line 8A by line 8B (insert as percent, not decimal)			9 100.00 %



IN Tax Rate Worksheet

Form **IT-20NP**

2019

For calendar year 2019 or tax year beginning _____, ending _____

Name

Federal Identification Number

80/20 FOUNDATION TRUST

82-3518678

Step 1:		
1	Days in taxable year preceding rate change	181
2	x Tax Rate	<u>5.75 %</u>
3	Result	10.40750
Step 2:		
1	Days in taxable year following rate change	184
2	x Tax Rate	<u>5.50 %</u>
3	Result	10.12000
Step 3:		
1	Step 1, line 3 plus Step 2, line 3	20.52750
2	Divided by number of days in year	<u>365</u>
3	Tax Rate (rounded to the nearest one-hundredth of one percent)	5.62 %