

**2020 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, 2020

- Date Due:** November 15, 2021
- Remittance:** None is required. Your Form 990-PF for the tax year ended 12/31/20 shows a total overpayment of \$7,819, 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 \$1,195,822 on Form 990-PF for the tax year ending December 31, 2020. The Organization must distribute this amount by December 31, 2021, 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, 2021**

**Instructions:** Your required 2021 Form 990-PF estimated tax payments are as follows:

<b>Due Date</b>	<b>Remittance</b>
5/17/21	\$0
6/15/21	\$0
9/15/21	\$0
12/15/21	\$181

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 **8453-EO**

**Exempt Organization Declaration and Signature for Electronic Filing**

OMB No. 1545-0047

For calendar year 2020, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2020**

Department of the Treasury  
Internal Revenue Service

**For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868**

Go to [www.irs.gov/Form8453EO](http://www.irs.gov/Form8453EO) for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

80/20 FOUNDATION TRUST

82-3518678

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

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). 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.

<b>1a</b> Form 990 check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

**Part II Declaration of Officer or Person Subject to Tax**

- I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the 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.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that  I am an officer of the above named organization or  I am the person subject to tax with respect to \_\_\_\_\_, (EIN) \_\_\_\_\_,

and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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.

**Sign Here**  |  |   
Signature of officer or person subject to tax      Date      Title, if applicable

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature <input type="text" value="JEFFREY A. SANDERSON, CPA"/>	Date <input type="text" value="05/12/21"/>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <input type="text" value="P00236192"/>
	Firm's name (or yours if self-employed), address, and ZIP code <input type="text" value="BADEN, GAGE &amp; SCHROEDER, LLC&lt;br/&gt;6920 POINTE INVERNES FORT W IN 46804"/>	EIN <input type="text" value="35-1939627"/>	Phone no. <input type="text" value="260-422-2551"/>		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <input type="text"/>	Preparer's signature <input type="text"/>	Date <input type="text"/>	Check if self-employed <input type="checkbox"/>	PTIN <input type="text"/>
	Firm's name <input type="text"/>	Firm's EIN <input type="text"/>		Phone no. <input type="text"/>	
	Firm's address <input type="text"/>				

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2020)

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2020, or fiscal year beginning . . . . . 2020, and ending . . . . . 20 . . . . .

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.****2020**

Name of exempt organization or person subject to tax

80/20 FOUNDATION TRUST

Taxpayer identification number

82-3518678

Name and title of officer or person subject to tax

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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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	7,451
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**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 tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax }

Date } 05/12/21

**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 2020 electronically filed return 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 } 05/12/21

**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** (2020)

Form **990-PF**

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

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

**u Do not enter social security numbers on this form as it may be made public.**  
**u Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

Open to Public Inspection

**For calendar year 2020 or tax year beginning , and ending**

Name of foundation <b>80/20 FOUNDATION TRUST</b>		<b>A Employer identification number</b> <b>82-3518678</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>P.O. BOX 330</b>	Room/suite	<b>B Telephone number (see instructions)</b> <b>260-212-1235</b>
City or town, state or province, country, and ZIP or foreign postal code <b>COLUMBIA CITY IN 46725</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> 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		<b>D</b> 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>u \$ 51,933,283</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> (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)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule) ...	36,056,624			
	<b>2</b> Check <b>u</b> <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	117,632			
	<b>4</b> Dividends and interest from securities	670,472	670,472		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	96,557			
	<b>b</b> Gross sales price for all assets on line 6a <b>8,849,087</b>				
	<b>7</b> Capital gain net income (from Part IV, line 2)		96,557		
	<b>8</b> Net short-term capital gain			0	
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	36,941,285	767,029	0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	103,303			7,843
	<b>14</b> Other employee salaries and wages	38,718			5,433
	<b>15</b> Pension plans, employee benefits	18,159			1,904
	<b>16a</b> Legal fees (attach schedule) <b>SEE STMT 1</b>	47,648	45,656		294
	<b>b</b> Accounting fees (attach schedule) <b>STMT 2</b>	18,125	1,813		2,006
	<b>c</b> Other professional fees (attach schedule) <b>STMT 3</b>	307,899	183,505		16,955
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions) <b>STMT 4</b>	7,451			
	<b>19</b> Depreciation (attach schedule) and depletion <b>STMT 5</b>	4,510			
	<b>20</b> Occupancy	39,192			4,821
	<b>21</b> Travel, conferences, and meetings	5,777			885
	<b>22</b> Printing and publications	535			66
	<b>23</b> Other expenses (att. sch.) <b>STMT 6</b>	99,699			6,340
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	691,016	230,974	0	46,547
	<b>25</b> Contributions, gifts, grants paid	3,404,343			1,190,695
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	4,095,359	230,974	0	1,237,242	
<b>27 Subtract line 26 from line 12:</b>					
<b>a</b> Excess of revenue over expenses and disbursements	32,845,926				
<b>b Net investment income</b> (if negative, enter -0-)		536,055			
<b>c Adjusted net income</b> (if negative, enter -0-)			0		

**For Paperwork Reduction Act Notice, see instructions.**

Form **990-PF** (2020)

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	2,008	64,338	64,338
	2 Savings and temporary cash investments		3,644,524	3,644,524
	3 Accounts receivable <b>u</b>			
	Less: allowance for doubtful accounts <b>u</b>			
	4 Pledges receivable <b>u</b>			
	Less: allowance for doubtful accounts <b>u</b>			
	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) <b>u</b>			
	Less: allowance for doubtful accounts <b>u</b>	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	12,203,908	40,355,983	40,355,983
	c Investments – corporate bonds (attach schedule) SEE STMT 8		5,017,231	5,017,231
	11 Investments – land, buildings, and equipment: basis <b>u</b>			
Less: accumulated depreciation (attach sch.) <b>u</b>				
12 Investments – mortgage loans				
13 Investments – other (attach schedule)				
14 Land, buildings, and equipment: basis <b>u</b> 42,398				
Less: accumulated depreciation (attach sch.) <b>u</b> STMT 9 6,454	29,810	35,944	15,000	
15 Other assets (describe <b>u</b> SEE STATEMENT 10 )	16,447	2,836,207	2,836,207	
16 <b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I)	12,252,173	51,954,227	51,933,283	
Liabilities	17 Accounts payable and accrued expenses	15,819	22,165	
	18 Grants payable	551,000	2,764,648	
	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 <b>u</b> )			
	23 <b>Total liabilities</b> (add lines 17 through 22)	566,819	2,786,813	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.</b> <b>u</b> <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions	11,685,354	49,167,414	
	25 Net assets with donor restrictions			
	<b>Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.</b> <b>u</b> <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 <b>Total net assets or fund balances</b> (see instructions)	11,685,354	49,167,414		
30 <b>Total liabilities and net assets/fund balances</b> (see instructions)	12,252,173	51,954,227		

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)	1	11,685,354
2 Enter amount from Part I, line 27a	2	32,845,926
3 Other increases not included in line 2 (itemize) <b>u</b> SEE STATEMENT 11	3	4,636,134
4 Add lines 1, 2, and 3	4	49,167,414
5 Decreases not included in line 2 (itemize) <b>u</b>	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	49,167,414

**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 PUBLICLY TRADED SECURITIES		D	06/30/19	06/30/20	
b CAPITAL GAIN DISTRIBUTIONS					
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 8,808,148		8,752,530	55,618		
b 40,939			40,939		
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			55,618		
b			40,939		
c					
d					
e					
2 Capital gain net income or (net capital loss)		<div style="border: 1px solid black; padding: 2px; display: inline-block;">                     If gain, also enter in Part I, line 7                      If (loss), enter -0- in Part I, line 7                 </div>		2	96,557
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		<div style="border: 1px solid black; padding: 2px; display: inline-block;">                     If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8                 </div>		3	

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

**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 – DO NOT COMPLETE.**

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			

2 Reserved .....	2	
3 Reserved .....	3	
4 Reserved .....	4	
5 Reserved .....	5	
6 Reserved .....	6	
7 Reserved .....	7	
8 Reserved .....	8	



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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Reserved	<b>1</b>	7,451
<b>c</b>	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2	<b>3</b>	7,451
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	7,451
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020	<b>6a</b>	15,270
<b>b</b>	Exempt foreign organizations – tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d	<b>7</b>	15,270
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	7,819
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <u>7,819</u> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>u</b> \$ _____ <b>(2)</b> On foundation managers. <b>u</b> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>u</b> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <span style="float: right;">N/A</span>		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. <b>u</b> <u>IN</u>		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See instructions for Part XIV. If "Yes," complete Part XIV		X
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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 2020, 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 2020?
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 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? 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 2020 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 2020.)
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 2020?

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
PHILLIPS FINANCIAL MANAGEMENT LLC FORT WAYNE 6920 POINTE INVERNESS WAY STE 230 IN 46804	INVESTMENT MAN	120,135
MACKNICK PHILANTHROPY ADVISORS ANGOLA PO BOX 1021 IN 46703	ADVISORY	78,462
<b>Total number of others receiving over \$50,000 for professional services</b> .....		<b>u</b> 0

**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 SEE STATEMENT 13 .....	1,224,743
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 .....	
<b>Total.</b> 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	36,776,703
b	Average of monthly cash balances	1b	16,535
c	Fair market value of all other assets (see instructions)	1c	1,161,814
d	<b>Total</b> (add lines 1a, b, and c)	1d	37,955,052
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	37,955,052
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	569,326
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	37,385,726
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	1,869,286

**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	1,869,286
2a	Tax on investment income for 2020 from Part VI, line 5	2a	7,451
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	7,451
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,861,835
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,861,835
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,861,835

**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	1,237,242
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	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,237,242
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	0
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	1,237,242

**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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				1,861,835
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			571,229	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f <b>Total</b> of lines 3a through e				
4 Qualifying distributions for 2020 from Part XII, line 4: <b>u</b> \$ <u>1,237,242</u>				
a Applied to 2019, but not more than line 2a			571,229	
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 2020 distributable amount				666,013
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 <b>Enter the net total of each column as indicated below:</b>				
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 2019. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				1,195,822
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 2015 not applied on line 5 or line 7 (see instructions)				
9 <b>Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				

**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 2020, 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) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test – enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
<b>c</b> "Support" alternative test – enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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:  
REQUEST AN APPLICATION AT THE ADDRESS ABOVE.

**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 14

**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
<b>a Paid during the year</b>				
COMMUNITY FOUNDATION DEKALB COUNTY 700 MAIN ST AUBURN IN 46706	NONE	PC 2020 WALK INTO MY FUTURE		1,500
WHITKO COMMUNITY SCHOOLS 710 N SR 5 - SUITE B LARWILL IN 46764	NONE	PC WHITKO CAREER ACADEMY GRANT		486,775
WHITLEY COUNTY COMMUNITY FOUNDATION 400 N WHITLEY ST COLUMBIA CITY IN 46725	NONE	PC CAMP STEAM AHEAD		6,800
WHITLEY COUNTY COMMUNITY FOUNDATION 400 N WHITLEY ST COLUMBIA CITY IN 46725	NONE	PC SCHOLARSHIPS		19,065
JUNIOR ACHIEVEMENT OF NORTHERN INDI 550 E.WALLEN ROAD FORT WAYNE IN 46825	NONE	PC JA JOBSPARK PROGRAM		30,000
THE STEM CONNECTION 8407 MOORE ROAD INDIANAPOLIS IN 46278	NONE	PC VIRTUAL PROGRAMMING		5,000
QUESTA EDUCATION FOUNDATION 6502 CONSTITUTION DRIVE FORT WAYNE IN 46804	NONE	PC 80/20 QUESTA SCHOLARS		82,500
THE COMMUNITY LEARNING CENTER, INC. 401 EAST DIAMOND STREET KENDALLVILLE IN 46755	NONE	PC EXTENDING WORKFORCE DEVELOPMENT		150,000
URBAN ENTERPRISE ASSOCIATION 1830 WAYNE TRACE FORT WAYNE IN 46803	NONE	PC THE WORKBENCH POWERED BY SEED		43,542
TROY SCHOOLS 1811 EAST BUSINESS 30 COLUMBIA CITY IN 46725	NONE	PC CAREERS AND TECHNICAL EDUCATION PROG		44,560
<b>Total</b>			<b>u 3a</b>	1,190,695
<b>b Approved for future payment</b>				
WHITKO COMMUNITY SCHOOLS 710 N SR 5 - SUITE B LARWILL IN 46764	NONE	PC WHITKO CAREER ACADEMY GRANT		1,947,102
THE COMMUNITY LEARNING CENTER, INC. 401 EAST DIAMOND STREET KENDALLVILLE IN 46755	NONE	PC EXTENDING WORKFORCE DEVELOPMENT		200,000
JUNIOR ACHIEVEMENT OF NORTHERN INDI 550 E.WALLEN ROAD FORT WAYNE IN 46825	NONE	PC ENTREPRENEURSHIP INCUBATOR SPACE		166,666
<b>Total</b>			<b>u 3b</b>	2,396,268



Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, Gain or loss from sales, and Subtotal.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes.



**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
<b>a</b> <i>Paid during the year</i> WHITKO COMMUNITY SCHOOLS 710 N SR 5 - SUITE B LARWILL IN 46764	NONE	PC WHIKO CAREER ACADEMY PROGRAM		82,620
TRINE UNIVERSITY ONE UNIVERSITY AVENUE ANGOLA IN 46703	NONE	PC SPACE INNOVATION LABORATORY		100,000
INSPIRE SUCCESS 85 EAST CEDAR STREET ZIONSVILLE IN 46077	NONE	PC CTE EDUCATION IN NORTHEAST INDIANA		50,000
JUNIOR ACHIEVEMENT OF MICHIGAN 741 KENMORE AVE SE, STE C GRAND RAPIDS MI 49546	NONE	PC BUILDING FUTURESINSPIRING DREAMS		83,333
JUNIOR ACHIEVEMENT OF SOUTHWEST 2775 WEST DICKMAN RD. BATTLE CREEK MI 49037	NONE	PC JA PROGRAM SUPPORT		5,000
<b>Total</b>				<b>u 3a</b>
<b>b</b> <i>Approved for future payment</i> QUESTA EDUCATION FOUNDATION 6502 CONSTITUTION DRIVE FORT WAYNE IN 46804	NONE	PC 80/20 QUESTA SCHOLARS		82,500
<b>Total</b>				<b>u 3b</b>

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

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization  <b>80/20 FOUNDATION TRUST</b>	<b>Employer identification number</b>  82-3518678
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**Organization type** (check one):

- |                    |  |
|--------------------|--|
| <b>Filers of:</b>  | <b>Section:</b>  |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization<br><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation<br><input type="checkbox"/> 527 political organization         |
| Form 990-PF        | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation<br><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation<br><input type="checkbox"/> 501(c)(3) taxable private foundation |

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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 F. WOOD ESTATE LAKE CITY BANK, TRUSTEE 3821 W COUNTY ROAD S 6851 W JEFFERSON BLVD. FORT WAYNE IN 46804	\$ 36,056,624	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)

Name of organization

80/20 FOUNDATION TRUST

Employer identification number

82-3518678

**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
1	TAX EXEMPT BONDS	\$ 8,713,239	02/14/20
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

## **Filing Instructions**

### **80/20 FOUNDATION TRUST**

#### **Exempt Organization Business Tax Return**

#### **Taxable Year Ended December 31, 2020**

**Date Due:** November 15, 2021

**Remittance:** None is required. Your Form 990-T for the tax year ended 12/31/20 shows a total overpayment of \$2,356,100, which is to be refunded in its entirety.

**Signature:** Form 8453-EO, Exempt Organization Declaration and Signature for Electronic Filing 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

Form 8453-EO will be included as an attachment to the electronic file and therefore must be signed and returned before the electronic file is transmitted to the IRS.

**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.

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<b>A</b> <input type="checkbox"/> Check box if address changed.  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( C )( 3 ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>Print</b>  <b>or</b>  <b>Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>80/20 FOUNDATION TRUST</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 330</b>  City or town, state or province, country, and ZIP or foreign postal code <b>COLUMBIA CITY IN 46725</b>	<b>D</b> Employer identification number  <b>82-3518678</b>  <b>E</b> Group exemption number (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>C</b> Book value of all assets at end of year _____ <b>u</b> <b>51,954,227</b>		<b>G</b> Check organization type <b>u</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity	
<b>H</b> Check if filing only to <b>u</b> <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439		<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation _____ <b>u</b> <input type="checkbox"/>	
<b>J</b> Enter the number of attached Schedules A (Form 990-T) _____ <b>u</b>		<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? _____ <b>u</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation _____	
<b>L</b> The books are in care of <b>u</b> <b>JOHN WOOD</b>		Telephone number <b>u</b> <b>260-212-1235</b>	

**Part I Total Unrelated Business Taxable income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	<b>1</b>	
2 Reserved .....	<b>2</b>	
3 Add lines 1 and 2 .....	<b>3</b>	
4 Charitable contributions (see instructions for limitation rules) .....	<b>4</b>	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	<b>5</b>	
6 Deduction for net operating loss. See instructions .....	<b>6</b>	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	<b>7</b>	0
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>8</b>	1,000
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	<b>9</b>	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	<b>10</b>	1,000
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	<b>11</b>	0

**Part II Tax Computation**

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	<b>1</b>	0
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	<b>2</b>	0
3 <b>Proxy tax.</b> See instructions .....	<b>3</b>	
4 Other tax amounts. See instructions .....	<b>4</b>	
5 Alternative minimum tax (trusts only) .....	<b>5</b>	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	<b>6</b>	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	0

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)



**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b> Other credits (see instructions)	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>		
<b>3</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here <b>u</b> _____	<b>4</b>		0
<b>5</b> 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>		
<b>6a</b> Payments: A 2019 overpayment credited to 2020	<b>6a</b>		
<b>b</b> 2020 estimated tax payments. Check if section 643(g) election applies <b>u</b> <input type="checkbox"/>	<b>6b</b>	2,356,100	
<b>c</b> Tax deposited with Form 8868	<b>6c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b> Backup withholding (see instructions)	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total <b>u</b>	<b>6g</b>		
<b>7 Total payments.</b> Add lines 6a through 6g	<b>7</b>		2,356,100
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <b>u</b> <input type="checkbox"/>	<b>8</b>		
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed <b>u</b>	<b>9</b>		0
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid <b>u</b>	<b>10</b>		2,356,100
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax u</b> <b>Refunded u</b>	<b>11</b>		2,356,100

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>u</b> _____		X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> \$ _____		
<b>4a</b> Did the organization change its method of accounting? (see instructions)		X
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V _____		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

**Sign Here** 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.

**u** \_\_\_\_\_ **u** CHAIR  
Signature of officer Date Title

Print/Type preparer's name Preparer's signature Date Check  if PTIN  
JEFFREY A. SANDERSON, CPA JEFFREY A. SANDERSON, CPA 05/13/21 self-employed

**Paid Preparer Use Only** Firm's name } BADEN, GAGE & SCHROEDER, LLC Firm's EIN } 35-1939627  
6920 POINTE INVERNESS WAY #300  
Firm's address } FORT WAYNE, IN 46804-7926 Phone no. 260-422-2551

May the IRS discuss this return with the preparer shown below (see instructions)?  
 Yes  No

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

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
LEGAL FEES SHAMBAUGH KAST	\$ 47,648	\$ 45,656	\$	\$ 294
TOTAL	\$ 47,648	\$ 45,656	\$ 0	\$ 294

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

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
ACCOUNTING SERVICES, TAX PREP	\$ 14,025	\$ 1,403	\$	\$ 1,552
ATTEST SERVICES	4,100	410		454
TOTAL	\$ 18,125	\$ 1,813	\$ 0	\$ 2,006

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

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
PHILANTHROPY CONSULTING	\$ 70,675	\$	\$	\$ 9,651
OFFICE SERVICES	24,487			3,345
INVESTMENT MANAGEMENT FEES	120,135	120,135		
IT SERVICES	17,105			2,104
LEADERSHIP TRAINING	3,812			469
ADVISORS - 80/20 TRANSACTIONS	44,045	44,045		
ACCOUNTING CONSULTING 80/20 TRAN	19,325	19,325		
HR CONSULTING SERVICE	6,075			1,110
CLEANING SERVICES	2,240			276
TOTAL	\$ 307,899	\$ 183,505	\$ 0	\$ 16,955

## Federal Statements

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FEDERAL EXCISE TAX	\$ 7,451	\$	\$	\$
TOTAL	\$ 7,451	\$ 0	\$ 0	\$ 0

### 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	\$ 1,002	STRAIGHT LINE	5	\$ 1,094	\$	\$	
LEASEHOLD IMPROVEMENTS 1/05/19	11,999	308	S/L	39	308			
OFFICE FURNITURE 9/24/19	11,693	418	STRAIGHT LINE	7	1,670			
LENOVO THINKPAD & ACCESS. 7/29/19	2,594	216	STRAIGHT LINE	5	519			
HP PRINTER 1/27/20	2,200		STRAIGHT LINE	5	403			
CHAIRS 8/11/20	6,503		STRAIGHT LINE	7	387			
LENOVO THINKPAD NOTEBOOK 8/18/20	1,941		STRAIGHT LINE	5	129			
TOTAL	\$ 42,398	\$ 1,944			\$ 4,510	\$ 0	\$ 0	

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES				
BANK FEES	-169			

**Federal Statements****Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EQUIPMENT RENTAL/MAINTENTANCE	\$ 485	\$	\$	\$ 54
INSURANCE	5,083			871
INTERNET	2,259			278
MARKETING	13,360			1,643
MISC EXPENSES	349			
POSTAGE	232			28
SOFTWARE	1,869			241
SUBSCRIPTIONS	4,046			498
SUPPLIES	2,869			394
TELEPHONE	4,776			606
GRANT TRACKING SOFTWARE	7,500			500
SCHOLARSHIP ADMIN FEE	517			517
COMPUTER AND SMALL EQUIPMENT	1,222			150
EVENTS AND SPONSORSHIPS	200			25
PAYROLL PROCESSING	5,101			535
FRAUD EXPENSE	50,000			
TOTAL	<u>\$ 99,699</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 6,340</u>

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

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
PUBLICLY TRADED SECURITIES	\$ 12,203,908	\$ 40,355,983	MARKET	\$ 40,355,983
TOTAL	<u>\$ 12,203,908</u>	<u>\$ 40,355,983</u>		<u>\$ 40,355,983</u>

**Federal Statements****Statement 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
BOND FUND	\$	\$ 5,017,231	MARKET	\$ 5,017,231
TOTAL	\$ 0	\$ 5,017,231		\$ 5,017,231

**Statement 9 - 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>
FURNITURE AND EQUIPMENT	\$ 18,118	\$ 30,399	\$ 5,839	\$ 15,000
LEASEHOLD IMPROVEMENTS	11,692	11,999	615	
TOTAL	\$ 29,810	\$ 42,398	\$ 6,454	\$ 15,000

**Federal Statements****Statement 10 - Form 990-PF, Part II, Line 15 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Fair Market Value</u>
PREPAID EXPENSES	\$ 16,447	\$ 13,188	\$ 13,188
UBIT TAX RECEIVABLE		2,815,200	2,815,200
PREPAID EXCISE TAX		7,819	7,819
TOTAL	\$ <u>16,447</u>	\$ <u>2,836,207</u>	\$ <u>2,836,207</u>

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

<u>Description</u>	<u>Amount</u>
UNREALIZED GAINS	\$ 4,636,134
TOTAL	\$ <u>4,636,134</u>

**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	35.00	0	0	0
PATRICK BUESCHING P.O. BOX 330 COLUMBIA CITY IN 46725	TREASURER	10.00	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	4.00	0	0	0
JOHN HAIFLEY P.O. BOX 330 COLUMBIA CITY IN 46725	TRUSTEE	2.00	0	0	0
LAURA MACKNICK P.O. BOX 330 COLUMBIA CITY IN 46725	EXECUTIVE DI	40.00	103,303	4,001	0

**Federal Statements**

**Statement 13 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities**

Description

THE 80/20 FOUNDATION TRUST IS COMMITTED TO GROWING AND STRENGTHENING THE MANUFACTURING SECTOR IN THE MIDWEST REGION. THE FOUNDATION PARTNERS WITH VOCATIONAL SCHOOLS, COMMUNITY COLLEGES, CAREER ACADEMIES, TECHNICAL COLLEGES, FOUR-YEAR UNIVERSITIES, TRADE SCHOOLS AND RELATED COMMUNITY ORGANIZATIONS TO STRENGTHEN THE MANUFACTURING SECTOR. DURING 2020, \$1,190,695 WAS GRANTED TO THIRTEEN CHARITABLE ORGANIZATIONS FOR THE SCHOLARSHIPS, CAPITAL EXPENDITURES AND PROGRAM DEVELOPMENT. AN ADDITIONAL \$2,396,268 WAS PLEDGED FOR FUTURE PERIODS.

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

Description

REQUEST AN APPLICATION AT THE ADDRESS ABOVE.

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

Description

GRANT PROPOSALS ARE REVIEWED QUARTERLY.

**Statement 14 - 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 XIII**Form **990-PF****2020**

For calendar year 2020, 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 2020	Total per Year		Nontaxable or Previously Taxed	Taxable in 2021
Years prior						
20 16						
20 17						
20 18						
2019		571,229	571,229	571,229		
2020			1,861,835	666,013		1,195,822
<b>Total Carryover to Next Year</b>						<b>1,195,822</b>

\* 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
2015		
2016		
2017		
2018		
2019		
Current Year Excess Distribution Generated (2020)		0
<b>Total Carryover to Next Year</b>		<b>0</b>

Form **990/990-PF** | **Electronic Filing - PDF Attachment Report** | **2020**  
For calendar year 2020, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name: 80/20 FOUNDATION TRUST | Taxpayer Identification Number: 82-3518678

Title	Attachment Source	Proforma
MANUALLY ATTACHED TO RETURN INVESTMENT LISTING	O:\DATA\11946\2020 11946 MONTHLY\80-20 INV STATEMENT ATTACHMENT.PDF	NO

## **Filing Instructions**

### **80/20 FOUNDATION TRUST**

#### **Indiana Nonprofit Organization's Annual Report**

**Taxable Year Ended December 31, 2020**

**Date Due:** November 15, 2021

**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  
(R11 / 8-20)

Indiana Department of Revenue  
**Indiana Nonprofit Organization's Annual Report  
For the Calendar Year or Fiscal Year**

Beginning    and Ending

Place "X" in box 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

Telephone Number

Address

County

Indiana Taxpayer Identification Number

City

State

ZIP Code

Federal Employer Identification Number

Printed Name of Person to Contact

Contact's Telephone Number

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. Indicate number of years your organization has been in continuous existence: 4
2. 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 importance? If yes, attach a detailed description of changes. NONE
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  
Name of Person(s) to Contact

\_\_\_\_\_  
CHAIR

\_\_\_\_\_  
Title

260 212 1235

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Date



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

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

**Statement 2 - IN Form NP-20, Line 4 - Purpose of Mission of Organization**Description

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.

**Form IT-20NP**

State Form 148  
(R19 / 8-20)

Indiana Department of Revenue  
**Indiana Nonprofit Organization Unrelated Business Income Tax Return**  
**Calendar Year Ending December 31, 2020 or**

Fiscal Year Beginning   **2020** and Ending

Check box if amended.

Check box if name changed.

Name of Organization <b>80/20 FOUNDATION TRUST</b>				Federal Employer Identification Number <b>82 3518678</b>	
Number and Street <b>P.O. BOX 330</b>			Principal Business Activity Code		Foreign Country 2-Character Code
City <b>COLUMBIA CITY</b>	State <b>IN</b>	ZIP Code <b>46725</b>	2-Digit County Code <b>92</b>	Telephone Number <b>260 212 1235</b>	
<b>K</b> Check all boxes that apply: Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> In Bankruptcy <input type="checkbox"/> Schedule M <input type="checkbox"/> <b>L</b> Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>M</b> Check the box if entity has multiple unrelated trades or businesses (see instructions) <input type="checkbox"/>					

**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 \_\_\_\_\_

2. Specific deduction (generally \$1,000; see instructions) \_\_\_\_\_

3. Subtract line 2 from line 1 \_\_\_\_\_

**Modifications (use a minus sign for negative amounts)**

4. Enter name of add-back or deduction U.S. OBLIGATIONS Code No. 622

5. Enter name of add-back or deduction \_\_\_\_\_ Code No. \_\_\_\_\_

6. Enter name of add-back or deduction \_\_\_\_\_ Code No. \_\_\_\_\_

7. Enter name of add-back or deduction \_\_\_\_\_ Code No. \_\_\_\_\_

8. Unrelated business income: add or subtract lines 3 through 7. If not apportioning, enter same amount on line 10 \_\_\_\_\_

9. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (enclose schedule) \_\_\_\_\_

10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise, enter line 8 amount) \_\_\_\_\_

11. Enter Indiana Net Operating Loss deduction. Enclose Schedule IT-20NOL \_\_\_\_\_

12. Taxable Indiana unrelated business income (subtract line 11 from line 10) \_\_\_\_\_

13. Taxable income from other forms (Form 1120-POL) \_\_\_\_\_

14. Subtotal (add lines 12 and 13) \_\_\_\_\_

15. Indiana tax on unrelated business income (multiply line 14 by tax rate; see instructions for line 15) \_\_\_\_\_

16. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet \_\_\_\_\_

17. Total tax due (add lines 15 and 16) \_\_\_\_\_

**18. Credit for Estimated Tax and Other Payments**

Quarterly estimated tax paid: Qtr. 1 154850 Qtr. 2 154850

Qtr. 3 149400 Qtr. 4 \_\_\_\_\_ Enter total

19. Amount paid with extension \_\_\_\_\_

20. Amount of overpayment credit (from tax year ending \_\_\_\_\_ ) \_\_\_\_\_

21. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE) \_\_\_\_\_

22. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R) \_\_\_\_\_

23. Enter credits from the Offset Credits Schedule, line 2 \_\_\_\_\_

24. Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return \_\_\_\_\_

25. Total credits (add lines 18-24) \_\_\_\_\_

26. Balance of tax due (line 17 minus 25) \_\_\_\_\_

27. Penalty for the underpayment of income tax. Attach Schedule IT-2220 \_\_\_\_\_

Check box if using annualization method

28. Interest: If payment is made after the original due date, compute interest \_\_\_\_\_

29. Penalty: If paid late, enter 10% of line 26; see instructions. If line 17 is zero, enter \$10 per day filed past due date \_\_\_\_\_

30. Total payment due (add lines 26-29). (Payment must be made in U.S. funds) **PAY THIS AMOUNT** \_\_\_\_\_

31. Total overpayment (line 25 minus lines 17 and 27-29) \_\_\_\_\_

32. Amount of line 31 to be refunded \_\_\_\_\_

33. Amount of line 31 to be applied to the following year's estimated tax account \_\_\_\_\_

1								00
2	1000							00
3	-1000							00
4								00
5								00
6								00
7								00
8	-1000							00
9							%	
10	-1000							00
11								00
12	-1000							00
13								00
14	-1000							00
15								00
16								00
17								00
18	459100							00
19								00
20								00
21								00
22								00
23								00
24								00
25	459100							00
26								00
27								00
28								00
29								00
30								00
31	459100							00
32	459100							00
33								00



2410000000



**SCHEDULE E**  
Form IT-20/20S/20NP/IT-65  
State Form 49105  
(R19 / 8-20)

Indiana Department of Revenue  
**Apportionment of Income for Indiana**

for Tax Year Beginning   2020 and Ending

Name as shown on return

Federal Employer Identification Number

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
<b>Sales delivered or shipped to Indiana:</b>			
1. Shipped from within Indiana	<input type="text" value=""/> <input type="text" value=""/> .00		
2. Shipped from outside Indiana	<input type="text" value=""/> <input type="text" value=""/> .00		
<b>Sales shipped from Indiana to:</b>			
3. The United States government	<input type="text" value=""/> <input type="text" value=""/> .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)	<input type="text" value=""/> <input type="text" value=""/> .00		
<b>Other</b>			
5. Interest & other receipts from extending credit attributed to Indiana	<input type="text" value=""/> <input type="text" value=""/> .00		
6. Other gross business receipts not previously apportioned	<input type="text" value=""/> <input type="text" value=""/> .00		
7. Direct premiums and annuities received for insurance upon property or risks in Indiana	<input type="text" value=""/> <input type="text" value=""/> .00		
<b>8. Total Receipts:</b> Add column A receipts lines on 1A through 7A and enter in line 8A. Enter all receipts on line 8B	<input type="text" value="8A"/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value="8B"/> <input type="text" value=""/> <input type="text" value=""/> .00	
<b>Apportionment of income for Indiana:</b>			
<b>9. Apportionment Percentage:</b> Divide line 8A by line 8B (insert as percent, not decimal)			<input type="text" value="9"/> <input type="text" value="100.00"/> <input type="text" value=""/>





Form <b>IT-20NP</b>	<b>IN Tax Rate Worksheet</b>	<b>2020</b>
For calendar year 2020 or tax year beginning _____, ending _____		

Name  80/20 FOUNDATION TRUST	Federal Identification Number  82-3518678
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Step 1:

1 Days in taxable year preceding rate change .....	182
2 x Tax Rate .....	<u>5.50 %</u>
3 Result .....	10.01000

Step 2:

1 Days in taxable year following rate change .....	184
2 x Tax Rate .....	<u>5.25 %</u>
3 Result .....	9.66000

Step 3:

1 Step 1, line 3 plus Step 2, line 3 .....	19.67000
2 Divided by number of days in year .....	<u>366</u>
3 <b>Tax Rate</b> (rounded to the nearest one-hundredth of one percent) .....	5.37 %