990-PF

For calendar year 2020 or tax year beginning

Return of Private Foundation

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

2020

Open to Public Inspection

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.

, and ending

N	lame of fo	undation			A Emp	loyer identification number	
_							
		ZLER FOUNDATION, INC	31850 832 834			-0783635	······································
		d street (or P.O. box number if mail is not delivered to street address) BELLA VISTA DR.	Į R	oom/suite		phone number (see instructions) 4-345-5667)
C	ity or town	, state or province, country, and ZIP or foreign postal code	-,,			emption application is pending,	check bere
	/IEN	[ļ		
G	Check		rn of a former public ch	arity	D 1. F	oreign organizations, check he	re ., 🕨 📖
		Final return Amended	•			oreign organizations meeting th	
		Address change Name cha			8	5% test, check here and attach	computation
H		type of organization: X Section 501(c)(3) exempt private				ate foundation status was term	
Щ	Section		le private foundation		section	on 507(b)(1)(A), check here	▶ ⊔
		ket value of all assets at J Accounting method:		rual	l	foundation is in a 60-month ter	. 🖂
		ear (from Part II, col. (c), Other (specify)			unde	r section 507(b)(1)(B), check he	ere 💆 📘
		\$ 2,774,382 (Part I, column (d), must	be on cash basis.)	T	L	7	(a) Francisco
	ant	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions).)	books	incor	ne	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)			1		
	2	Check ► X if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	78		78		
	4	Dividends and interest from securities	49,689		49,689		
	5a	Gross rents					
<u>o</u>	b	Net rental income or (loss)				and a second of the fe	
ĭ	6a	Net gain or (loss) from sale of assets not on line 10	-20,950				
Revenue	b	Gross sales price for all assets on line 6a 269,094				A CONTRACTOR OF THE CONTRACTOR	
ď	l l	Capital gain net income (from Part IV, line 2)			0	-	
	8	Net short-term capital gain				0	
	9	Income modifications	100				
	10a	Gross sales less returns and allowances					
	þ	Less: Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) Total. Add lines 1 through 11	28,817		49,767	0	
	13	Compensation of officers, directors, trustees, etc.	28,017		19,101		
es	14	Other employee salaries and wages					***************************************
Expenses	15	Pension plans, employee benefits					
9	16a	Legal fees (attach schedule)					
-	b	Legal fees (attach schedule) Accounting fees (attach schedule) STMT 1	3,900				
<u>×</u>	C	Other professional fees (attach schedule)					, , , , , , , , , , , , , , , , , , ,
ā	17						
St	18	Taxes (attach schedule) (see instructions) STMT 2	182		182		
듵	19	Depreciation (attach schedule) and depletion					
and Administrative	20	Occupancy					
δ	21	Travel, conferences, and meetings			·····		
ä	22	Printing and publications Other expenses (att. sch.) STMT 3					-4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4
Ð	23	Other expenses (att. sch.) STMT 3	1,045		154		
Operating	24	Total operating and administrative expenses.					_
ě		Add lines 13 through 23	5,127	45 (1 S S S S 142)	336	0	100 700
ŏ	25	Contributions, gifts, grants paid	180,700		336		180,700
	26	Total expenses and disbursements. Add lines 24 and 25	185,827		336	0	180,700
	27 a	Subtract line 26 from line 12: Excess of revenue over expenses and disbursements	-157,010				
	b	Net investment income (if negative, enter -0-)	13,,010		19,431		
	c	Adjusted net income (if negative, enter -0-)				0	

		D-1	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End o	f year
	Part I	Balance Sheets	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
T	1	Cash - non-interest-bearing		2	1	1
	2	Savings and temporary cash	investments	226,954	165,127	165,127
	3					
		Less: allowance for doubtful	accounts >			
	4					
		Less: allowance for doubtful	accounts >			
	5					
	6	Receivables due from officer	rs, directors, trustees, and other			
		disqualified persons (attach				
	7	Other notes and loans receivable (att. s	chedule)			ako Kara Barah
			accounts ▶ 0			
S	8					
Assets	9		red charges			
AS	10a		vernment obligations (attach schedule)			
	b		ck (attach schedule) SEE STMT 4	320,121		
	C	Investments - corporate bor	nds (attach schedule) SEE STMT 5	75,000	75,000	23,040
	11	Investments - land, buildings, and equi	pment: basis			
			sch.) ►			
	12	Investments - mortgage loai				
ı	13	Investments - other (attach	schedule) SEE STATEMENT 6	1,300,873	1,198,945	1,611,554
	14	Land, buildings, and equipment basis				
	• -	Less: accumulated depreciation (attach	sch.)			
	15	Other assets (describe	SEE STATEMENT 7)		6,746	6,746
	16	Total assets (to be complet	ed by all filers see the			
			1, item l)	1,922,950	1,765,940	2,774,382
7	17		ed expenses			
	18					
ŝ	19					
Ξ	20	Loans from officers, director	s, trustees, and other disqualified persons			and the second
Liabilities	21	Mortgages and other notes paya	ble (attach schedule)			
	22	• •)			
	23		7 through 22)	0	0	
7			ASB ASC 958, check here			
es		and complete lines 24, 25,				
	24	Net assets without donor res	strictions			
lai	25	Net assets with donor restrict	etions			
Net Assets or Fund Balanc		Foundations that do not fo	ollow FASB ASC 958, check here			
핕		and complete lines 26 thro	ough 30.			
T.	26	Capital stock, trust principal,	or current funds			
ō	27	Paid-in or capital surplus, or	land, bldg., and equipment fund			and the second second
ets	28	Retained earnings, accumul	ated income, endowment, or other funds	1,922,950		browning to be and access to the find deleter 1500 from the delta and find the
SS	29	Total net assets or fund ba	alances (see instructions)	1,922,950	1,765,940	
*	30	Total liabilities and net as:	sets/fund balances (see			are because the second
ž		instructions)		1,922,950	1,765,940	
	Part I	Analysis of Char	nges in Net Assets or Fund Balances			T
1	Total	net assets or fund balances a	at beginning of year - Part II, column (a), line 29 (must	agree with		
	end-c	f-year figure reported on prio	r year's return)	,,,,,,,	1	1,922,950
2		amount from Part I, line 27a			2	-157,010
3	Other	increases not included in line	e 2 (itemize) ▶		3	
4	Add I	nes 1, 2, and 3			4	1,765,940
		eases not included in line 2 (it	temize) ►		5	
6	Total	net assets or fund halances a	at end of year (line 4 minus line 5) - Part II, column (b),	line 29	6	1,765,940

Pa	rt IV Capital Gains a	nd Losses for Tax on Investme	ent Income			
		e the kind(s) of property sold (for example, real estate, varehouse; 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	***************************************	P		
b	CAPTIAL GAIN DI	STRIBUTIONS				
С						
<u>d</u>						
<u>e</u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	(h) Gain ((e) plus (f)	or (loss) minus (g))
а	256,605			290,044		-33,439
b	12,489					12,489
C						
d						
e						
<u>C</u>	omplete only for assets showing	gain in column (h) and owned by the four	ndation on 12/31/69.		(I) Gains (Col.	(h) gain minus
	(I) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) (j), if any	col. (k), but not i Losses (fro	ess than -0-) or
а						-33,439
b						12,489
С						
d						
e						
2 C	apital gain net income or (net ca	If (loss), enter -0- in F			2	-20,950
lf Pa	gain, also enter in Part I, line 8, oart I, line 8	s) as defined in sections 1222(5) and (6): column (c). See instructions. If (loss), ente			3	
lf Pa	gain, also enter in Part I, line 8, oart I, line 8			nvestment Incon		
lf Pa	gain, also enter in Part I, line 8, o art I, line 8	column (c). See instructions. If (loss), ente	ed Tax on Net I		16	
If Pa	gain, also enter in Part I, line 8, o art I, line 8	column (c). See instructions. If (loss), ente	ed Tax on Net I		16	
If Pa	gain, also enter in Part I, line 8, of art I, line 8	nder Section 4940(e) for Reduce ON 4940(e) REPEALED ON DEC	ed Tax on Net I	19 – DO NOT CO	DMPLETE.	(d)
If Pa	gain, also enter in Part I, line 8, c art I, line 8	nder Section 4940(e) for Reduction ON 4940(e) REPEALED ON DE	ed Tax on Net I	19 – DO NOT CO	DMPLETE.	(d) Reserved
If Pa	gain, also enter in Part I, line 8, cart I, line 8 TV Qualification Un SECTION eserved (a) Reserved Reserved	nder Section 4940(e) for Reduce ON 4940(e) REPEALED ON DEC	ed Tax on Net I	19 – DO NOT CO	DMPLETE.	
If Pa	gain, also enter in Part I, line 8, cart I, line 8 TV Qualification Un SECTION SECTION (a) Reserved Reserved Reserved	nder Section 4940(e) for Reduce ON 4940(e) REPEALED ON DEC	ed Tax on Net I	19 – DO NOT CO	DMPLETE.	
If Pa	gain, also enter in Part I, line 8, cart I, line 8 art I, line 8 Qualification Un SECTION SECTION Reserved Reserved Reserved Reserved Reserved Reserved	nder Section 4940(e) for Reduce ON 4940(e) REPEALED ON DEC	ed Tax on Net I	19 – DO NOT CO	DMPLETE.	
If Pa	gain, also enter in Part I, line 8, cart I, line 8 TV Qualification Un SECTION Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved	nder Section 4940(e) for Reduce ON 4940(e) REPEALED ON DEC	ed Tax on Net I	19 – DO NOT CO	DMPLETE.	
If Pa	gain, also enter in Part I, line 8, cart I, line 8 art I, line 8 Qualification Un SECTION SECTION Reserved Reserved Reserved Reserved Reserved Reserved	nder Section 4940(e) for Reduce ON 4940(e) REPEALED ON DEC	ed Tax on Net I	19 – DO NOT CO	DMPLETE.	
If Pa	gain, also enter in Part I, line 8, cart I, line 8 Aut I, line 8 Qualification Un SECTION SECTION Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved	nder Section 4940(e) for Reduce ON 4940(e) REPEALED ON DEC	ed Tax on Net In CEMBER 20, 20	(c) Reserved	DMPLETE.	
If Pa Pa 1 Ro	gain, also enter in Part I, line 8, cart I, line 8 Cart I, line 8 Qualification Un SECTION SECTION Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved	column (c). See instructions. If (loss), enternder Section 4940(e) for Reduction A940(e) REPEALED ON DEC	ed Tax on Net In CEMBER 20, 20	19 – DO NOT CO	DMPLETE.	
If Pe Pal 1 Re	gain, also enter in Part I, line 8, cart I, line 8 art I, line 8 Qualification Un SECTI eserved Reserved	nder Section 4940(e) for Reduce ON 4940(e) REPEALED ON DE	ed Tax on Net In CEMBER 20, 20	19 – DO NOT CO (c) Reserved	DMPLETE.	
If Pe Pal 1 Re	gain, also enter in Part I, line 8, cart I, line 8 art I, line 8 Qualification Un SECTI eserved Reserved	column (c). See instructions. If (loss), enternder Section 4940(e) for Reduction A940(e) REPEALED ON DEC	ed Tax on Net In CEMBER 20, 20	19 – DO NOT CO (c) Reserved	DMPLETE.	
If Prince Paul 1 Ro	gain, also enter in Part I, line 8, of art I, line 8 TV Qualification Un SECTION SECTION Reserved	nder Section 4940(e) for Reduce ON 4940(e) REPEALED ON DE	ed Tax on Net In CEMBER 20, 20	19 – DO NOT CO (c) Reserved	DMPLETE.	
If Per Pal 1 Ro	gain, also enter in Part I, line 8, of art I, line 8 TV Qualification Un SECTION SECTION Reserved	column (c). See instructions. If (loss), enternder Section 4940(e) for Reduction A940(e) REPEALED ON DEC	ed Tax on Net In CEMBER 20, 20	(c) Reserved	2 3 4 5	
If Prince Pal 1 Rec 2 Rec 3 Rec 4 Rec 6 Rec 6 Rec 1 Re	gain, also enter in Part I, line 8, cart I, line 8 art I, line 8 Qualification Un SECTI eserved Reserved Reserved	column (c). See instructions. If (loss), enternder Section 4940(e) for Reduce ON 4940(e) REPEALED ON DEC	ed Tax on Net In CEMBER 20, 20	(c) Reserved	2 3 4 5 6	
1 Re Pai	gain, also enter in Part I, line 8, cart I, line 8 art I, line 8 Qualification Un SECTI eserved Reserved	column (c). See instructions. If (loss), enternder Section 4940(e) for Reduce ON 4940(e) REPEALED ON DEC	ed Tax on Net In CEMBER 20, 20	(c) Reserved	2 3 4 5 6 7	

P	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see in	struc	tions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				Ш	
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)					
b	Reserved	1				687
С	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of					
	Part I, line 12, col. (b).				1	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2				0
3	Add lines 1 and 2	3				687
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				687
6	Credits/Payments:					
а	2020 estimated tax payments and 2019 overpayment credited to 2020 6a 5, 472					
b	Exempt foreign organizations – tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
ď	Backup withholding erroneously withheld 6d			e de estados.		
7	Total credits and payments. Add lines 6a through 6d	7			5,	472
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		····		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			4,	<u> 785</u>
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax ▶ 4,785 Refunded ▶	11				
Pe	nt VII-A Statements Regarding Activities			Internetto cal		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			<u>1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the					
	instructions for the definition			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities.				ist file.	
C	Did the foundation file Form 1120-POL for this year?			1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
•	on foundation managers. \$				and the same	37
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
•	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					X
40	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		NT / 7	4a		
5 5	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b 5		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.			3	Plant St.	A
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					į, į
•	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?			6	X	
7	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			7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.					
	WAY					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				1	
~	(an designate) of each state on any lived by Consult Instruction CO IS NN - N - thank and a state			8b	X	
9	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,"				Acceptable of the latest of th	
	secondate Doub VIII			9		x
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	<i></i>				
	names and addresses			10		x

F	Part VII-A Statements Regarding Activities (continued)			age C
<u>priocess</u>	Telephone Teleph		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	电影器子200	103	-110
• •	magning of acation 549/h/49/9 If IVan " attach asked to Can instructions	11		x
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	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	- 23
	Website address NWW DETTZIER COM	13		L
14	The backs are in corn of h. HADDY C. DETERTER	845-	566	7
• •	149 BELLA VISTA DR	/. 		·
		=		
15	Located at ► VIENNA WV ZIP+4 ► 2610. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	·		٣
13	and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority		Yes	N.
	aver a bank contrition or other financial account in a foreign country?	16	res	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	16		^
	the foreign country			
Б				
	art 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.		¥	
10			Yes	No
1a				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(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? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(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)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1		
	foundation agreed to make a grant to or to employ the official for a period after			
L	termination of government service, if terminating within 90 days.) Yes X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			选择
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
_	Organizations relying on a current notice regarding disaster assistance, check here			
С	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? N/A	1c		24. 24.
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)):			4
а	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?			
L	If "Yes," list the years > 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.) N/A	2b		Several Services
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
•	20 , 20 , 20 , 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			i i
	at any time during the year? Yes X No			
þ	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			100
	foundation had excess business holdings in 2020.) N/A	3b		
4a ⊾	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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?	4b		X

Pa	art VII-B Statements Regarding Ad	ctivities for Which Form	4720 May Be Re	equired (cont	inued)				
5a	During the year did the foundation pay or incur a	ny amount to:						Yes	No
	(1) Carry on propaganda, or otherwise attempt t	o influence legislation (section 49	45(e))?		Yes X	No			
	(2) Influence the outcome of any specific public				-				
	directly or indirectly, any voter registration dr				Yes X	No			in a
	(3) Provide a grant to an individual for travel, stu	dy, or other similar purposes?			Yes X	No			* 1
	(4) Provide a grant to an organization other than				tunne				
	section 4945(d)(4)(A)? See instructions				Yes X	No		+	
	(5) Provide for any purpose other than religious,				_				
	purposes, or for the prevention of cruelty to c				Yes X	No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the				_				
	in Regulations section 53.4945 or in a current no	tice regarding disaster assistance	? See instructions		1	I/A	5b		
	Organizations relying on a current notice regarding		_						
С	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?		N/A	Yes	No			÷,
	If "Yes," attach the statement required by Regula	tions section 53.4945-5(d).							
6a	Did the foundation, during the year, receive any f	unds, directly or indirectly, to pay	premiums					1	
					Yes X	No			
b	Did the foundation, during the year, pay premium	s, directly or indirectly, on a perso	nal benefit contract	?			6b		X
	If "Yes" to 6b, file Form 8870.					,			
7a	At any time during the tax year, was the foundation	on a party to a prohibited tax shelt	er transaction?		Yes X	No			
b	If "Yes," did the foundation receive any proceeds				-	I/A	7b		No.
8	Is the foundation subject to the section 4960 tax						14		
San Comment	remuneration or excess parachute payment(s) du	ring the year?		<u> </u>					
Pa	if VIII Information About Officers	, Directors, Trustees, Fo	undation Mana	gers, Highly	Paid Em	ploye	es,		
	and Contractors								
	ist all officers directors trustees and founda	tion managers and their comp	ensation. See instr	uctions.					
1 1	ist all officers, directors, trustees, and founda		1				Τ		
1 1			(b) Title, and average	(c) Compensation	(d) Contribu		(e) Exp	ense acc	ount.
1 1	(a) Name and address				employee plans and o	benefit leferred		ense acc r allowand	
	(a) Name and address		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	employee	benefit leferred			
на	(a) Name and address	VIENNA	(b) Title, and average hours per week devoted to position PRESIDENT	(c) Compensation (If not paid,	employee plans and o	benefit leferred			
HA 14	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR	VIENNA WV 26105	(b) Title, and average hours per week devoted to position PRESIDENT 0.00	(c) Compensation (If not paid,	employee plans and o	benefit leferred			
на 14 ка	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER	VIENNA WV 26105 VIENNA	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR	(c) Compensation (If not paid, enter -0-)	employee plans and o compens	benefit deferred ation	othe		
HA 14 KA 14	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR	VIENNA WV 26105 VIENNA WV 26105	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00	(c) Compensation (If not paid,	employee plans and o compens	benefit leferred	othe		
HA 14 KA 14 ER	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER	VIENNA WV 26105 VIENNA WV 26105 VIENNA	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR	(c) Compensation (If not paid, enter -0-)	employee plans and o compens	benefit deferred ation 0	othe		0 0
HA 14 KA 14 ER 51	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER 09 GLENBROOK DRIVE	VIENNA WV 26105 VIENNA WV 26105 VIENNA WV 26105	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR 0.00	(c) Compensation (If not paid, enter -0-)	employee plans and o compens	benefit deferred ation	othe		
HA 14 KA 14 ER 51	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER 09 GLENBROOK DRIVE ADFORD DEITZLER	VIENNA WV 26105 VIENNA WV 26105 VIENNA WV 26105 MORGANTOWN	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR 0.00 DIRECTOR	(c) Compensation (If not paid, enter -0-)	employee plans and o compens	benefit deferred ation 0	other		0 0
HA 14 KA 14 ER 51 BR 20	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER 09 GLENBROOK DRIVE	VIENNA WV 26105 VIENNA WV 26105 VIENNA WV 26105 MORGANTOWN WV 26505	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR 0.00 DIRECTOR 0.00	(c) Compensation (If not paid, enter -0-)	employee plans and c compens	benefit deferred ation 0	other		0 0
HA 14 KA 14 ER 51 BR 20	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER 09 GLENBROOK DRIVE ADFORD DEITZLER 7 WILLOWDALE RD.	VIENNA WV 26105 VIENNA WV 26105 VIENNA WV 26105 MORGANTOWN WV 26505	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR 0.00 DIRECTOR 0.00	(c) Compensation (If not paid, enter -0-)	employee plans and c compens	benefit deferred ation 0	other		0 0
HA 14 KA 14 ER 51 BR 20	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER 09 GLENBROOK DRIVE ADFORD DEITZLER 7 WILLOWDALE RD. Compensation of five highest-paid employees	VIENNA WV 26105 VIENNA WV 26105 VIENNA WV 26105 MORGANTOWN WV 26505	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 Aline 1 — see instru	(c) Compensation (If not paid, enter -0-)	employee plans and compens	benefit deferred attion 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	othe	r allowance	0 0 0
HA 14 KA 14 ER 51 BR 20	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER 09 GLENBROOK DRIVE ADFORD DEITZLER 7 WILLOWDALE RD. Compensation of five highest-paid employees	VIENNA WV 26105 VIENNA WV 26105 VIENNA WV 26105 MORGANTOWN WV 26505 s (other than those included or	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 iline 1 — see instru (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	employee plans and compens enter (d) Contribute employee	benefit deferred action 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Exp	r allowance	0 0 0
HA 14 KA 14 ER 51 BR 20	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER 09 GLENBROOK DRIVE ADFORD DEITZLER 7 WILLOWDALE RD. Compensation of five highest-paid employees "NONE."	VIENNA WV 26105 VIENNA WV 26105 VIENNA WV 26105 MORGANTOWN WV 26505 s (other than those included or	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00	(c) Compensation (If not paid, enter -0-) () () () () () () () () () () () () (employee plans and compens	benefit deferred action 0 0 0 0 titions to benefit deferred	(e) Exp	r allowance	0 0 0
HA 14 KA 14 ER 51 BR 20	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER 09 GLENBROOK DRIVE ADFORD DEITZLER 7 WILLOWDALE RD. Compensation of five highest-paid employees "NONE."	VIENNA WV 26105 VIENNA WV 26105 VIENNA WV 26105 MORGANTOWN WV 26505 s (other than those included or	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 iline 1 — see instru (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) () () () () () () () () () () () () (employee plans and compens enter (d) Contribution employee plans and compens	benefit deferred action 0 0 0 0 titions to benefit deferred	(e) Exp	r allowance	0 0 0
HA 14 KA 14 ER 51 BR 20 2	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER 09 GLENBROOK DRIVE ADFORD DEITZLER 7 WILLOWDALE RD. Compensation of five highest-paid employees "NONE."	VIENNA WV 26105 VIENNA WV 26105 VIENNA WV 26105 MORGANTOWN WV 26505 s (other than those included or	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 iline 1 — see instru (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) () () () () () () () () () () () () (employee plans and compens enter (d) Contribution employee plans and compens	benefit deferred action 0 0 0 0 titions to benefit deferred	(e) Exp	r allowance	0 0 0
HA 14 KA 14 ER 51 BR 20 2	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER 09 GLENBROOK DRIVE ADFORD DEITZLER 7 WILLOWDALE RD. Compensation of five highest-paid employees "NONE."	VIENNA WV 26105 VIENNA WV 26105 VIENNA WV 26105 MORGANTOWN WV 26505 s (other than those included or	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 iline 1 — see instru (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) () () () () () () () () () () () () (employee plans and compens enter (d) Contribution employee plans and compens	benefit deferred action 0 0 0 0 titions to benefit deferred	(e) Exp	r allowance	0 0 0
HA 14 KA 14 ER 51 BR 20 2	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER 09 GLENBROOK DRIVE ADFORD DEITZLER 7 WILLOWDALE RD. Compensation of five highest-paid employees "NONE."	VIENNA WV 26105 VIENNA WV 26105 VIENNA WV 26105 MORGANTOWN WV 26505 s (other than those included or	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 iline 1 — see instru (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) () () () () () () () () () () () () (employee plans and compens enter (d) Contribution employee plans and compens	benefit deferred action 0 0 0 0 titions to benefit deferred	(e) Exp	r allowance	0 0 0
HA 14 KA 14 ER 51 BR 20 2	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER 09 GLENBROOK DRIVE ADFORD DEITZLER 7 WILLOWDALE RD. Compensation of five highest-paid employees "NONE."	VIENNA WV 26105 VIENNA WV 26105 VIENNA WV 26105 MORGANTOWN WV 26505 s (other than those included or	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 iline 1 — see instru (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) () () () () () () () () () () () () (employee plans and compens enter (d) Contribution employee plans and compens	benefit deferred action 0 0 0 0 titions to benefit deferred	(e) Exp	r allowance	0 0 0
HA 14 KA 14 ER 51 BR 20 2	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER 09 GLENBROOK DRIVE ADFORD DEITZLER 7 WILLOWDALE RD. Compensation of five highest-paid employees "NONE."	VIENNA WV 26105 VIENNA WV 26105 VIENNA WV 26105 MORGANTOWN WV 26505 s (other than those included or	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 iline 1 — see instru (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) () () () () () () () () () () () () (employee plans and compens enter (d) Contribution employee plans and compens	benefit deferred action 0 0 0 0 titions to benefit deferred	(e) Exp	r allowance	0 0 0
HA 14 KA 14 ER 51 BR 20 2	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER 09 GLENBROOK DRIVE ADFORD DEITZLER 7 WILLOWDALE RD. Compensation of five highest-paid employees "NONE."	VIENNA WV 26105 VIENNA WV 26105 VIENNA WV 26105 MORGANTOWN WV 26505 s (other than those included or	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 iline 1 — see instru (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) () () () () () () () () () () () () (employee plans and compens enter (d) Contribution employee plans and compens	benefit deferred action 0 0 0 0 titions to benefit deferred	(e) Exp	r allowance	0 0 0
HA 14 KA 14 ER 51 BR 20 2	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER 09 GLENBROOK DRIVE ADFORD DEITZLER 7 WILLOWDALE RD. Compensation of five highest-paid employees "NONE."	VIENNA WV 26105 VIENNA WV 26105 VIENNA WV 26105 MORGANTOWN WV 26505 s (other than those included or	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 iline 1 — see instru (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) () () () () () () () () () () () () (employee plans and compens enter (d) Contribution employee plans and compens	benefit deferred action 0 0 0 0 titions to benefit deferred	(e) Exp	r allowance	0 0 0
HA 14 KA 14 ER 51 BR 20 2	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER 09 GLENBROOK DRIVE ADFORD DEITZLER 7 WILLOWDALE RD. Compensation of five highest-paid employees "NONE."	VIENNA WV 26105 VIENNA WV 26105 VIENNA WV 26105 MORGANTOWN WV 26505 s (other than those included or	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 iline 1 — see instru (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) () () () () () () () () () () () () (employee plans and compens enter (d) Contribution employee plans and compens	benefit deferred action 0 0 0 0 titions to benefit deferred	(e) Exp	r allowance	0 0 0
HA 14 KA 14 ER 51 BR 20 2	(a) Name and address RRY G. DEITZLER 9 BELLA VISTA DR THE E. DEITZLER 9 BELLA VISTA DR IN DEITZLER 09 GLENBROOK DRIVE ADFORD DEITZLER 7 WILLOWDALE RD. Compensation of five highest-paid employees "NONE."	VIENNA WV 26105 VIENNA WV 26105 VIENNA WV 26105 MORGANTOWN WV 26505 s (other than those included or	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY-TR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 iline 1 — see instru (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) () () () () () () () () () () () () (employee plans and compens enter (d) Contribution employee plans and compens	benefit deferred action 0 0 0 0 titions to benefit deferred	(e) Exp	r allowance	0 0 0

and Contractors (continued)	agoro, mgm, rama am	p.0,000,
3 Five highest-paid independent contractors for professional services. See instructions. If nor	e, 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		>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four targest 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

qualifies for the section 4940(e) reduction of tax in those years.

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 2,296,923 Average monthly fair market value of securities 1a 178,318 Average of monthly cash balances 1b Fair market value of all other assets (see instructions) 1c 2,475, Total (add lines 1a, b, and c) 1d đ Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 2 2,475 3 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see 37,129 2,438,112 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 121,906 Minimum investment return. Enter 5% of line 5 ĸ Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here \(\bigcup \) and do not complete this part.) Minimum investment return from Part X, line 6 121,906 1 687 Tax on investment income for 2020 from Part VI, line 5 2a Income tax for 2020. (This does not include the tax from Part VI.) 687 Add lines 2a and 2b 2c 121,219 Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions 4 121,219 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 7 121,219 line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 180,700 1a 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., 2 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 180,700 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 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 Adjusted qualifying distributions. Subtract line 5 from line 4 180, 6 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2020)

H	an XIII Undistributed Income (see instructions				
1	Distributable amount for 2020 from Part XI,	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
•	line 7				121,219
2	Undistributed income, if any, as of the end of 2020:			-	111/21
а			Personal Control		
b	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2020:				
а	From 2015 5,881				
b					
C				and the state of t	
đ	From 2018				
е	From 2019 659				
f	Total of lines 3a through e	6,540			
4	Qualifying distributions for 2020 from Part XII,				
	line 4: ▶ \$ 180,700				
а	Applied to 2019, but not more than line 2a				
	Applied to undistributed income of prior years		·		
	(Election required – see instructions)				
C	Treated as distributions out of corpus (Election				
	required – see instructions)				
đ	Applied to 2020 distributable amount				121,219
е	Remaining amount distributed out of corpus	59,481			
5	Excess distributions carryover applied to 2020				
	(If an amount appears in column (d), the same		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:			1000	
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	66,021			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	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				
a	Subtract line 6c from line 6b. Taxable				
_	amount - see instructions				
Đ	Undistributed income for 2019. Subtract line				
	4a from line 2a. Taxable amount – see				
	instructions Undistributed income for 2020. Subtract lines				
'	4d and 5 from line 1. This amount must be				
	all-talls at all mode				٥
7	Amounts treated as distributions out of corpus				U
	to satisfy requirements imposed by section	a market			
	170(b)(1)(F) or 4942(g)(3) (Election may be			en en eller et de este	
	required—see instructions)				
3	Excess distributions carryover from 2015 not				
	applied on line 5 or line 7 (see instructions)	5,881			
	Excess distributions carryover to 2021.	<u> </u>			And Care
	Subtract lines 7 and 8 from line 6a	60,140			
	Analysis of line 9:	/			
	Excess from 2016				
	Excess from 2017				
С	Excess from 2018				
	Excess from 2019 659				
e	Excess from 2020 59.481				

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

factors: N/A

DAA

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year ERICKSON ALL-SPORTS FACILITY PC 4601 CAMDEN AVENUE NONE PARKERSBURG WV 26101 SUPPORT SPORTS OPERATIONS 1,200 LEGAL AID OF WV PC 922 QUARRIER STREET #400 NONE CHARLESTON WV 25301 PROVIDE LEGAL SERVICES 10,000 MARSHALL UNIVERSITY FOUNDATION, INC PC 519 JOHN MARSHALL DRIVE NONE **HUNTINGTON WV 25703** SUPPORT ACADEMICS 1,500 PARKERSBURG AREA COMMUNITY FOUNDATI 1620 PARK AVENUE NONE PC PARKERSBURG WV 26101 SUPPORT COMMUNITY EFFORTS 2,500 PUBLIC JUSTICE FOUNDATION 1620 L ST. NW STE 630 NONE PC WASHINGTON DC 20036 SUPPORT THE WORK OF PUBLIC JUSTICE 1,000 TRINITY EPISCOPAL CHURCH 430 JULIANA STREET NONE PC PARKERSBURG WV 26101 SUPPORT CHURCH RELIGIOUS ACTIVITIES 10,000 UNITED WAY ALLIANCE OF MID-OHIO 935 MARKET STREET NONE PC PARKERSBURG WV 26101 SUPPORT CHARITIABLE ORGANIZATIONS 10,000 VIENNA VOLUNTEER FIRE DEPT 609 28TH STREET NONE PC VIENNA WV 26105 SUPPORT COMMUNITY FIRE PREVENTION 1,000 WESTMINISTER PRESBYTERIAN CHURCH PC 708 54TH STREET NONE VIENNA WV 26105 SUPPORT CHURCH OPERATIONS 1,000 WOOD COUNTY SOCIETY PC 1411 GRAND CENTRAL AVENUE NONE VIENNA WV 26105 SUPPORT FOR THOSE WITH DISABILITES 1,000 180,700 ▶ 3a Approved for future payment N/A

▶ 3b

Total

	Part XVI-A Analysis of Income-Producing Ac	tivities				
	iter gross amounts unless otherwise indicated.	1	ed business income	Excluded	by section 512, 513, or 514	
		(-)	4.3	(c)		(e) Related or exempt
		(a) Business code	(b) Amount	Exclusion	(d) Amount	function income
1	Program service revenue:			code		(See instructions.)
	a					
	b					
	С					
	d					***************************************
	e					
	f	`				
	g Fees and contracts from government agencies			1		
2	Membership dues and assessments			1		
3	Interest on savings and temporary cash investments			14	78	
4	Dividends and interest from securities			14	49,689	
5	Net rental income or (loss) from real estate:				49,009	
Ĭ						
						· · · · · · · · · · · · · · · · · · ·
				 		
9	Net rental income or (loss) from personal property			ļ		
-	Other investment income					
8	Gain or (loss) from sales of assets other than inventory		***************************************	ļ		-20,950
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b					
	C					
					•	
	d		· · · · · · · · · · · · · · · · · · ·			
	de					
12	deSubtotal. Add columns (b), (d), and (e)				49,767	-20,950
13	de Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				49,767 13	-20,950 28,817
I3 Se	de Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)				13	
I3 Se	de Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				13	
Se	de Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Activity No. Explain below how each activity for which income is	complishmes reported in colu	ent of Exempt Pu	rposes	13	28,817
Se P	de Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpos	complishmes reported in colu	ent of Exempt Pu	rposes	13	28,817
Se P	de Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Activity No. Explain below how each activity for which income is	complishmes reported in colu	ent of Exempt Pu	rposes	13	28,817
Se P	de Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpos	complishmes reported in colu	ent of Exempt Pu	rposes	13	28,817
Se P	de Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpos	complishmes reported in colu	ent of Exempt Pu	rposes	13	28,817
Se P	de Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpos	complishmes reported in colu	ent of Exempt Pu	rposes	13	28,817
Se P	d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpos	complishmes reported in colu	ent of Exempt Pu	rposes	13	28,817
Se P	d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpos	complishmes reported in colu	ent of Exempt Pu	rposes	13	28,817
Se P	d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpos	complishmes reported in colu	ent of Exempt Pu	rposes	13	28,817
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Se P	d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpos	complishmes reported in colu	ent of Exempt Pu	rposes	13	28,817
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Se P	d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpos	complishmes reported in colu	ent of Exempt Pu	rposes	13	28,817
Se P	d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpos	complishmes reported in colu	ent of Exempt Pu	rposes	13	28,817
Se P	d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpos	complishmes reported in colu	ent of Exempt Pu	rposes	13	28,817
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Se P	de Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpos	complishmes reported in colu	ent of Exempt Pu	rposes	13	28,817
Se P	de Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpos	complishmes reported in colu	ent of Exempt Pu	rposes	13	28,817
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Se P	de Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpos	complishmes reported in colu	ent of Exempt Pu	rposes	13	28,817
Se P	de Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpos	complishmes reported in colu	ent of Exempt Pu	rposes	13	28,817

Part XVII	Information Regarding	Transfers	To and	Transactions	Relationships		Exempt
	Organizations				•		•

		•		ge in any of the foll organizations) or it		•	described			Yes	No
c	organization	s?									ĺ
a T	Fransfers fr	om the reporting fo	oundation to a ne	oncharitable exemp	ot organization	of:					ł
(1) Cash			•	-				1a(1)		х
ì	2) Other a	ssets						******************	1a(2)		X
h (Other trans	actions:		**************	,				4(2)		
			haritahla avamat	aragaization					46.741		Х
	1) Durches	on of counts from	nantable exclusiv	organization					1b(1)		
ι.	zi Fulchas	es of assets nom	a nonchantable	exempt organization	on				1b(2)		X
6	3) Kentai d	or racilities, equipm	ent, or other ass	sets				··· ··· ·	1b(3)		X
(-	4) Reimbu	rsement arrangen	ents						lb(4)		X
(;	5) Loans c	r loan guarantees							b(5)		Х
(1	Perform	ance of services o	or membership o	r fundraising solicit	tations				b(6)		X
				ther assets, or paid					1c		X
d If	the answe	r to any of the abo	ve is "Yes," com	plete the following	schedule. Col						
				iven by the reporting							
				nt, show in column							
	Line no.	(b) Amount involve		me of noncharitable exer		T . T	· · · · · · · · · · · · · · · · · · ·	transactions, and sharing arrar	nemeni	<u> </u>	
N/A						,,,,			3011011		
#1/ #1					 	 					
											
				<u></u>					 		
		*		'							
								·····			
										• • • • • • • • • • • • • • • • • • • •	
		<u>, , , , , , , , , , , , , , , , , , , </u>	····								
					 			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

								······			
2a Is	the founda	tion directly or indi	rectly affiliated w	rith, or related to, o	one or more ta	x-exempt organizat	ions				
de	escribed in	section 501(c) (oth	er than section (501(c)(3)) or in sec	ction 527?				Yes	3 X	No
		plete the following					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-		
	· · · · · · · · · · · · · · · · · · ·	Name of organization		(b) Type of	organization		(c) Descri	ption of relationship			**********
N/	,							· · · · · · · · · · · · · · · · · · ·			
							·····				

				<u> L.,,,,,</u>	···						
				ed this return, including an taxpayer) is based o				knowledge and belief, it is tru	<i>1</i> 0,		
		•••••				, ,	,	May the IRS discuss			
Sign		2.1	A STATE OF THE PARTY OF THE PAR	155.00 25.00c				with the preparer sho	-		١.,.
Here		///	.1					See instructions.	<u>Ш</u> ,	es	No
		/ // a /	1 Jack			5-11-21	PRES	IDENT			
	Sindah	ire of officer or trustee	7	\		ale	Title		******		
1			-		T					·	
	Print/Type	preparer's name			Preparer's sign	ature		Oate		Check	iΓ
Paid									- 1	ell-emplo	iyed
Preparer	KATHY	G. EDDY, C				EDDY, CPA		05/11/	····		
-	Firm's ner			EDDY, PAR	& RIORS	BAYLOUS,	A.C.	PTIN POO7			
Jse Only	Firm's add	ress ► PO	BOX 184					Firm's EIN ▶ 55-0	603	535	
		PAR	KERSBURG	, WV 261	02-0184			Phone no. 304 -	428	-80	91
							· · · · · · · · · · · · · · · · · · ·	·)-PF	

m 990-PF (2020) DEITZLER FOUNDATI		55-0783635		Page 1
Part XV Supplementary Information (c	continued)	Future Dovment		
3 Grants and Contributions Paid During	If recipient is an individual,	į.		
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTRIDUCTOR	
Paid during the year				
WOMENS HEALTH CENTER				
510 W WASHINGTON ST	NONE	PC		
CHARLESTON WV 25302	SUPPO	RT PROGRAM OF	ERATIONS	1,00
			-	
THE ARC OF THE MID OHIO VA				
1917 DUDLEY AVE	NONE	PC	E DECDIE	2,5
PARKERSBURG WV 26101	PROTECT I	UMAN RIGHTS C	F PEOPLE	2,5
	TECHON			
CHILDREN'S THEATRE OF CHAR		PC		
1105 QUARRIER ST	NONE	CHILDREN IN	THEATRE	1,0
CHARLESTON WV 25301		CHIEDICH II		-,-
CHILD EVANGELISM FELLOWSHI	P. INC			
1709 7TH ST B	NONE	PC		
PARKERSBURG WV 26101		NIZATION FOR	CHILDREN	1,0
INGUINDOUG IIV MOTOL				
FIRST LUTHERAN CHURCH OF P	ARKERSBUR			
1701 19TH ST	NONE	PC]	
PARKERSBURG WV 26101	SUPPORT CHURC	RELIGIOUS AC	TIVITIES	1,5
JESSA'S PLACE				
1324 VIRGINIA STREET	NONE	PC		4.0
EAST CHARLESTON WV 25301	HOME 1	OR ADULTS WIT	H AUTISM	1,0
LUBECK UNITED METHODIST CH		DC		
1771 HARRIS HWY	NONE CHIPPORT CHIL	PC RCH RELGIOUS F	CTTVTTES	5
WASHINGTON WV 26181	SUPPORT CHU	Ch Rendioos P	CITATIO	ū
MID OHIO VALLEY CHILDRENS	CHOTR			
P. O. BOX 2193	duotk			
MARIETTA OH 45750		NEALE SCHOOL	PROGRAM	5
MARIETTA ON 43/30				
RUFFNER ELEMENTARY SCHOOL				
809 LITZ DR	NONE	PC		
CHARLESTON WV 25311		FOOI	PROGRAM	5
FIRST PRESBYTERIAN CHURCH				
1341 JULIANA STREET	NONE		mTITEC	2,0
PARKERSBURG WV 26101	SUPPORT CHUR	CH RELIGIUS AC		2,0
Total				
Approved for future payment				
N/A				
Total			▶ 3b	Form 990-PF

3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Name and address (home or business) Name and address (home or business) 1 Pad during they wer UNITED WAY ALLIANCE OF THE 1935 MARKET STREET PARKERSBURG WV 26101 PUBLIC JUSTICE FOUNDATION 1620 L ST. NW STE 630 WASHINGTON DC 20036 CITIZEN RIGHTS TO ACCESS THE COURTS 5,000 Total 1014 102 1034 104 104 105 105 105 105 105 10	Form 990-PF (2020) DEITZLER FOUNDATION	ON, INC	55-0783635	***************************************	Page 11
Recipient Mame and address (home or business) a Paul during the year UNITED WAY ALLIANCE OF THE 935 MARKET STREET PARKERSEURG WV 26101 PUBLIC JUSTICE FOUNDATION 1620 L ST. NW STR 630 WASHINGTON DC 20036 CITIZEN RIGHTS TO ACCESS THE COURTS 5,000	Part XV Supplementary Information (co	ontinued)			
Name and address (home or business) a Past during the year UNITED WAY ALLIANCE OF THE 935 MARKET STREET PARKERSBURG WV 26101 PUBLIC JUSTICE FOUNDATION 1620 L ST. NW STE 630 WASHINGTON DC 20036 CITIZEN RIGHTS TO ACCESS THE COURTS 5,000	3 Grants and Contributions Paid During t		Future Payment		
Name and address (home of Dusiness) a Past during the pear UNITED WAY ALLIANCE OF THE 335 MARKET STREET PARKERSBURG WW 26101 PUBLIC JUSTICE FOUNDATION 1620 L ST. NW STE 630 WASHINGTON DC 20036 CITIZEN RIGHTS TO ACCESS THE COURTS 5,000 Total b Approved for future payment N/A		show any relationship to any foundation manager	status of		Amount
UNITED WAY ALLIANCE OF THE MID OHIO 335 MARRET STREET PARKERSBURG WV 26101 PUBLIC JUSTICE FOUNDATION 1620 L ST. NW STE 630 WASHINGTON DC 20036 CITIZEN RIGHTS TO ACCESS THE COURTS 5,004 Total b Approved for future payment N/A		or substantial contributor	<u>'</u>		
Total b. Approved for future payment N/A Total Total Total Approved for future payment N/A Total	UNITED WAY ALLIANCE OF THE 935 MARKET STREET		VID-19 RELIEF	FUNDING	125,000
b Approved for future payment N/A	1620 L ST. NW STE 630	CITIZEN RIGHTS	TO ACCESS TH	E COURTS	5,000
b Approved for future payment N/A					
b Approved for future payment N/A					
N/A	Total			▶ 3a	
Total ▶ 35				> 3b	

55-0783635	Federal	Federal Statements			
Statement 1	nt 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	oart I, Line 16b -	Accounting	Fees	
Description ACCOUNTING FEES TOTAL	Total \$ 3,900	Net Investment \$		Adjusted Net	Charitable Purpose
St	Statement 2 - Form 99	990-PF, Part I, Line	e 18 - Taxes		
Description FOREIGN TAX WITHHELD ON DIVIDEND TOTAL	\$ 182	Net Investment \$ 18	int 182 \$ 182 \$	Adjusted Net	Charitable Purpose
Statement 3	ent 3 - Form 990-PF,	Part I, Line 23 -	Other Expenses	ses	
Description	Total	Net Investment	ent s	Adjusted Net	Charitable Purpose
EXPENSES ADMINISTRATIVE EXPENSE WEBSITE MAINTENANCE ANNUAL INVESTMENT FEE DESPOITORY BANK (ADR) FEES WV REGISTRATION FEE	600 265 150 4				
TOTAL	\$ 1,045	w-	154 \$	0	0
Statement 4 - F	- Form 990-PF, Part II,	PF, Part II, Line 10b - Corporate Stock Investments	orate Stock I	nvestments	
Description	Beginning of Year		End of Year	Basis of Valuation	Fair Market Value
109 SHS TEXAS INSTRUMENTS 116 SHS PAYPAL HOLDINGS INC 118 SHS UNITEDHEALTH GROUP INC 14 SHS AMAZON COM INC 150 SHS UNITED TECHS CORP	\$ 4,968 2,146 6,046 5,583 12,472	w.	4,968 2,146 6,046 5,583	COST COST COST COST COST	\$ 17,890 27,167 41,380 45,597
					4

Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)

Fair Market Value	\$ 30,397	1,40	4,18	6,15	1,76	2,58	1,40	0,30	0,09	1,29	0,92	4,57	2,07	9,11	8,50	2,50	1,95	7,21	0,12	, 65	5,06	,72	,02	\$ 967,914	
Basis of Valuation	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST		
End of Year	20,734	0,25	71	디	2,52	, 65	4,49	7,66	3,06	3,42	4,58	82	0,60	0,91	1,93	1	03	7,24	8	ارد) ارد)	, 20	13	, 67	320,121	
Beginning of Year	\$ 20,734 \$	0,25	-	2,11	2,52	, 65	4,49	7,66	3,06	3,42	4,58	82	09'0	0,91	1,93	, 17	, 03	7,24	8					\$ 320,121 \$	
Description	1734 SHS FIRST FINANCIAL BANCORP	SHS ELI LIL	SHS	SHS APPLE	SHS	SHS		SHS	SHS	SHS	SHS	SHAR		SHS NEWMARKET C	SE	SHS DISNEY	SHS BLACKROCK INC	SHS	SHARE	SHS CARRIEF	DWIDE	SHC	Ŋ	TOTAL	

Statement 5 -	5 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments	0c - Corporate Bond	Investments		
Description	Beginning of Year	End of Year	Basis of Valuation	Fai	Fair Mai Value
3000 SHS FNMA PRFD SERIES	\$ 75,000	\$ 75,000	COST	৵	23
; ; ;	75 000	75 000		ď	0,0

TOTAL

Fair Market Value	23,040	23,040
<u>г</u>	\$	پ
Basis of Valuation	COST	
End of Year	75,000	75,000
	φ	S.
Beginning of Year	75,000	75,000
Д	ረን	S

Federal Statements

55-0783635

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Statement 6 - Form 990-PF. Part II

·				
Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
VARIOUS MUTUAL FUNDS	\$ 1,300,873	\$ 1,198,945	COST	\$ 1,611,554
TOTAL	\$ 1,300,873	\$ 1,198,945		\$ 1,611,554

55-0783635

Federal Statements

Statement 7 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Beginning of Year	End of Year	Fair Market Value
INCOME ON IRS 1099 PAID IN 2021	\$	\$ 6,746	\$ 6,746
TOTAL	\$0	\$ 6,746	\$ 6,746

Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock

Name of Manager	Am	<u>ount</u>
NONE	\$	
TOTAL	\$	0

55-0783635	Federal Statements							
Form 990-PF, Part X\	Line 1a - Managers Who Contributed Over 2% or \$5,000							
Name of I	lanager Amount							
HARRY DEITZLER TOTAL	\$\$							
	Taxable Interest on Investments							
Description ML ACCOUNT #668-04A79 TOTAL	Amount Unrelated Exclusion Postal US Business Code Code Obs (\$ or %) \$ 78 \$ 78							
Taxable Dividends from Securities								
Description ML ACCOUNT #668-04A79 TOTAL	Amount Unrelated Exclusion Postal US Business Code Code Obs (\$ or % \$ 49,689 \$ 49,689							

IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-0047
~,,,,,	1,00	10.40.00.41

Name of exempt organization or person subject to tax	Taxpayer Identification number
DEITZLER FOUNDATION, INC	55-0783635
Name and title of officer or person subject to tax HARRY G. DETTZLER	
PRESIDENT	
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 for	orm 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 D L b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here X b Tax based on investment income (Form 990-PF, Part VI, line 5)	
5a Form 8868 check here b Balance due (Form 8868; line 3c)	5b
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	A. P.
Under penalties of perjury, I declare that X I am an officer of the above organization or I am a person subject t (name of organization) , (EIN)	
(name of organization) , (EIN) of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief,	and that I have examined a copy
true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the elec-	· · · · · · · · · · · · · · · · · · ·
I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to	
to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for a	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 designation	
Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax p	•
software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account	
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	
(settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a perso	
identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds with	
PIN: check one box only	
X authorize MCDONOUGH, EDDY, PARSONS & BAYLOUS, to enter my PIN	83635 as my signature
ERO firm name	nter 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	
state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned E	RO 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 t	ax vear 2020
electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state ac	gency(ies)
regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent s	creen.
Signature of officer or person subject to tax > // Lange / Data > Data >	05/11/21
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.	55051903535
	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 abo	
that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for	or Authorized
IRS e-file Providers for Business Returns.	0=14=10=
ERO's signature	05/11/21
ERO Must Retain This Form — See Instructions	

Do Not Submit This Form to the IRS Unless Requested To Do So