Form **990-PF**

Department of the Treasury Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

For ca	lendar year 2019 or tax year beginning	, 2019	, and ending		,	
EARL	Y TELEVISION FOUNDATION			Α	Employer identification nur 31-1729147	
	FRANKLIN STREET IARD, OH 43026			В	Telephone number (see inst	-
11111	111110, 011 43020			С	If exemption application is	
G Ch	eck all that apply: Initial return	Initial return of a form	mer nublic charity			
u on	Final return	Amended return	ner public charity	D	1 Foreign organizations, chec	ck here.
	Address change	Name change			2 Foreign organizations meet here and attach computation	ing the 85% test, check
H Ch		01(c)(3) exempt private		_		
I Fair	Section 4947(a)(1) nonexempt charitable market value of all assets at end of year J A	ccounting method: X C	private foundation ash Accrual	E	If private foundation status under section 507(b)(1)(A)	
(fro	m Part II, column (c), line 16)	Other (specify)		F	If the foundation is in a 60	-month termination —
▶ \$	1,212,333.	I, column (d), must be on	cash basis.)		under section 507(b)(1)(B)	
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investmer income	nt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	Contributions, gifts, grants, etc., received (attach schedule)	54,762.		E DO	A STATE STATE OF STATE	
	2 Check ► X if the foundation is not required to attach Sch	, в	To sell a succession of the			沙龙岛是3000000 000000000000000000000000000000
	3 Interest on savings and temporary cash investments.					
	4 Dividends and interest from securities	8				
	5 a Gross rents		95. LUIS 200 VII. H. T. V. T.	Shirt S	AND UNDER STREET, STRE	
	or (loss)			S de	AND THE RESIDENCE OF THE PARTY	
Revenue	b Gross sales price for all assets on line 6a					
en G	7 Capital gain net income (from Part IV, line 2)		akaban medilenka kutua	2002		
ě	8 Net short-term capital gain 9 Income modifications	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.				
	10 a Gross sales less returns and					
	allowances			Ans.		
	goods sold					
	11 Other income (altach schedule)					
	SEE STATEMENT					
	12 Total. Add lines 1 through 11			0.	0.	edias ve analysis il
X	13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages					9,131.
JSE	15 Pension plans, employee benefits					5,151.
penses	16a Legal fees (attach schedule) SEE ST	1,316.				1,316.
	b Accounting fees (attach sch)					
Ve	C Other professional fees (attach sch)					103.
ati	18 Taxes (attach scheduleXsee instrs) SEE STM	156.				156.
ist	19 Depreciation (attach schedule) and depletion. SEE STMT					- J L ATTERE
<u>.</u> E	20 Occupancy					
þ	21 Travel, conferences, and meetings					
γp	22 Printing and publications	-				
an	23 Other expenses (attach schedule) SEE STATEMENT	27,531.				27,531.
ng	24 Total operating and administrative					
<u> 5</u>	expenses. Add lines 13 through 23					38,237.
Operating and Administrative Ex	26 Total expenses and disbursements.					
	Add lines 24 and 25	79,541.		0.	0 :2	38,237.
	27 Subtract line 26 from line 12: a Excess of revenue over expenses					
	and disbursements					
	b Net investment income (if negative, enter -0-)			0.		
	C Adjusted net income (if negative, enter -0-)	()			0 .	

D - 4	1.	Balance Sheets 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	Ш	(See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	17,136.	19,945.	19,945.
	2	Savings and temporary cash investments			
	3	Accounts receivable	1		CONTRACTOR AND THE
		Less: allowance for doubtful accounts			
	4	Pledges receivable			TENESAL BITCH
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).			
	7	Other notes and loans receivable (attach sch).	W. Shariballa and San		
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
Assets	10 a	Investments – U.S. and state government obligations (attach schedule)			
SS	Ł	Investments — corporate stock (attach schedule)			
4		Investments — corporate bonds (attach schedule).			
		Investments – land, buildings, and	型的第三人称单数 医		
		equipment: basis			
		(attach schedule)			
	12	Investments – mortgage loans			
	13	Investments — other (attach schedule)			
	14	Land, buildings, and equipment: basis ► 583,000.			
		Less: accumulated depreciation (attach schedule) SEE STMT 6 • 447,355.	156,702.	135,645.	583,000.
	15	Other assets (describe ► SEE STATEMENT 7)	610,010.	610,010.	610,010.
	16	Total assets (to be completed by all filers —	783,848.	7.05 .000	1 212 055
	17	see the instructions. Also, see page 1, item I)	103,040.	765,600.	1,212,955.
	17	Grants payable			
10	18	Deferred revenue			
<u>.</u> 8	19	Loans from officers, directors, trustees, & other disqualified persons.			
Liabilities	20	Mortgages and other notes payable (attach schedule)			
ia	21	Other liabilities (describe)			
	22	Other habilities (describe			
	23	Total liabilities (add lines 17 through 22).	0 :	0.	
S		Foundations that follow FASB ASC 958, check here			
ည		and complete lines 24, 25, 29, and 30.			
<u>a</u>	24	Net assets without donor restrictions	783,848.	765,600.	
Ba			. 55,5101	. 55, 556.	
Þ	25	Net assets with donor restrictions.			
Net Assets or Fund Balances		Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.			
ō	26	Capital stock, trust principal, or current funds			
SS	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	28	Retained earnings, accumulated income, endowment, or other funds			
A	29	Total net assets or fund balances (see instructions)	783,848.	765,600.	
Ne	30	Total liabilities and net assets/fund balances (see instructions)	783,848.	765,600	
Parl	111	Analysis of Changes in Net Assets or Fund Balanc			
		I net assets or fund balances at beginning of year — Part II, colu		aree with	
1.5	end-	of-year figure reported on prior year's return)		252000000000000000000000000000000000000	783,848.
2	Ente	r amount from Part I, line 27a		2	-18,248.
3	Other	increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3		4	765,600.
5	Decrea	ases not included in line 2 (itemize)		5	
6	Total	ases not included in line 2 (itemize)	– Part II, column (b), I	ine 29	765,600.

Par		osses for Tax on Investmen				
	(a) List and describe to 2-story brick was	the kind(s) of property sold (for exampl arehouse; or common stock, 200 sh	e, real estate, s. MLC Co.)	(b) How acquired P — Purchase D — Donation	(C) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a	N/A					
b						
С						
d						
e						L
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or ((e) plus (f) m	
a						
b						
С						
d						
е						
	Complete only for assets showing	g gain in column (h) and owned by the			(I) Gains (Col	
	(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		gain minus col. (k), b nan -0-) or Losses (f	
а						
b						
c						
d						
e						
2	Capital gain net income or (ne	et capital loss) If gain, also If (loss), ent	enter in Part I, line 7 ler -0- in Part I, line 7	2		
3	Net short-term capital gain or	(loss) as defined in sections 1222(5)) and (6):			
		e 8, column (c). See instructions. If		3		
Dar		r Section 4940(e) for Reduce		ent Income	2	
r ai		1 3cction 4340(c) for reduce	a rak on mot misosti			
		oundations subject to the section 4940			N/A	
(For o	pptional use by domestic private f	oundations subject to the section 4940				
(For o		oundations subject to the section 4940				
(For o	optional use by domestic private faction 4940(d)(2) applies, leave the foundation liable for the se	oundations subject to the section 4940 this part blank. ction 4942 tax on the distributable a	(a) tax on net investment incommont of any year in the b	come.)		☐ No
(For or of second of the secon	optional use by domestic private faction 4940(d)(2) applies, leave the foundation liable for the seas, the foundation doesn't quality	oundations subject to the section 4940 this part blank. ction 4942 tax on the distributable a ify under section 4940(e). Do not co	(a) tax on net investment incommount of any year in the templete this part.	come.) pase period?	N/A	No
(For our life seed Was life 'Yes 1	optional use by domestic private faction 4940(d)(2) applies, leave the foundation liable for the sets, the foundation doesn't qualification the appropriate amount in	oundations subject to the section 4940 this part blank. ction 4942 tax on the distributable a	mount of any year in the background of any year in the background this part. Structions before making any (c) Net value of	pase period?	N/A Yes (d) Distribution	n ratio
(For our life seed Was life 'Yes 1	optional use by domestic private faction 4940(d)(2) applies, leave the foundation liable for the sense, the foundation doesn't qualificate the appropriate amount in (a) Base period years Calendar year (or tax year beginning in)	oundations subject to the section 4940 this part blank. ction 4942 tax on the distributable a lify under section 4940(e). Do not co each column for each year; see the ins	(a) tax on net investment incommount of any year in the templete this part. Structions before making any (c)	pase period?	N/A Yes	n ratio
(For our life seed Was life 'Yes 1	optional use by domestic private faction 4940(d)(2) applies, leave the foundation liable for the sense, the foundation doesn't qualificate the appropriate amount in Base period years Calendar year (or tax year beginning in)	oundations subject to the section 4940 this part blank. ction 4942 tax on the distributable a lify under section 4940(e). Do not co each column for each year; see the ins	mount of any year in the background of any year in the background this part. Structions before making any (c) Net value of	pase period?	N/A Yes (d) Distribution	n ratio
(For our life seed Was life 'Yes 1	pptional use by domestic private faction 4940(d)(2) applies, leave the foundation liable for the sets, the foundation doesn't qualification the appropriate amount in Base period years Calendar year (or tax year beginning in) 2018 2017	oundations subject to the section 4940 this part blank. ction 4942 tax on the distributable a lify under section 4940(e). Do not co each column for each year; see the ins	mount of any year in the background of any year in the background this part. Structions before making any (c) Net value of	pase period?	N/A Yes (d) Distribution	n ratio
(For our life seed Was life 'Yes 1	pptional use by domestic private faction 4940(d)(2) applies, leave to the foundation liable for the sets; the foundation doesn't qualification the appropriate amount in Base period years Calendar year (or tax year beginning in) 2018 2017 2016	oundations subject to the section 4940 this part blank. ction 4942 tax on the distributable a lify under section 4940(e). Do not co each column for each year; see the ins	mount of any year in the background of any year in the background this part. Structions before making any (c) Net value of	pase period?	N/A Yes (d) Distribution	n ratio
(For our life seed Was life 'Yes 1	pptional use by domestic private faction 4940(d)(2) applies, leave the foundation liable for the sets, the foundation doesn't qualification the appropriate amount in Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015	oundations subject to the section 4940 this part blank. ction 4942 tax on the distributable a lify under section 4940(e). Do not co each column for each year; see the ins	mount of any year in the background of any year in the background this part. Structions before making any (c) Net value of	pase period?	N/A Yes (d) Distribution	n ratio
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(For a lif sea Was lif 'Ye 1	ction 4940(d)(2) applies, leave the foundation liable for the sets, the foundation doesn't qualification the appropriate amount in (a) Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d)	oundations subject to the section 4940 this part blank. ction 4942 tax on the distributable a fiy under section 4940(e). Do not coeach column for each year; see the installation (b) Adjusted qualifying distributions	(a) tax on net investment incommount of any year in the base mplete this part. structions before making any (c) Net value of noncharitable-use as	pase period?	N/A Yes (d) Distribution	n ratio
(For our life seed was life 'Yes 1	ction 4940(d)(2) applies, leave the foundation liable for the sets, the foundation doesn't qualification the appropriate amount in (a) Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d)	oundations subject to the section 4940 this part blank. ction 4942 tax on the distributable a lify under section 4940(e). Do not co each column for each year; see the instance (b) Adjusted qualifying distributions	mount of any year in the barries that the structions before making any (c) Net value of noncharitable-use as any in the struction of the structure of the stru	pase period? ventries. sets	N/A Yes (d) Distribution	n ratio
(For a lif sea Was lif 'Ye 1	ction 4940(d)(2) applies, leave the foundation liable for the sense, the foundation doesn't qualification the appropriate amount in (a) Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d) Average distribution ratio for the number of years the foundation	this part blank. ction 4942 tax on the distributable a fiy under section 4940(e). Do not coeach column for each year; see the install the distributions (b) Adjusted qualifying distributions	mount of any year in the barries that the structions before making any (c) Net value of noncharitable-use as any noncharitable the structions before making any (c) Net value of noncharitable the structions as any (c)	pase period? ventries. sets	N/A Yes (d) Distribution	n ratio
(For or life seed was life 'Yes 1	ction 4940(d)(2) applies, leave the foundation liable for the sense, the foundation doesn't qualification the appropriate amount in (a) Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d) Average distribution ratio for the number of years the foundation	this part blank. ction 4942 tax on the distributable a lify under section 4940(e). Do not coeach column for each year; see the installation (b) Adjusted qualifying distributions 5-year base period — divide the total on has been in existence if less than	mount of any year in the templete this part. structions before making any (c) Net value of noncharitable-use as on line 2 by 5.0, or by the 5 years	pase period? ventries. sets	N/A Yes (d) Distribution	n ratio
(For or of the second s	pptional use by domestic private for the section 4940(d)(2) applies, leave the foundation liable for the sects, the foundation doesn't qualificate the appropriate amount in Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d)	this part blank. ction 4942 tax on the distributable a lify under section 4940(e). Do not co each column for each year; see the install the life of t	mount of any year in the templete this part. Structions before making any (c) Net value of noncharitable-use as on line 2 by 5.0, or by the 5 years	pase period? ventries. sets 2 3 4 5	N/A Yes (d) Distribution	n ratio
(For color of the	poptional use by domestic private for the section 4940(d)(2) applies, leave the foundation liable for the sects, the foundation doesn't qualification the appropriate amount in Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (d)	this part blank. ction 4942 tax on the distributable a lify under section 4940(e). Do not co each column for each year; see the instance (b) Adjusted qualifying distributions 5-year base period — divide the total on has been in existence if less than ritable-use assets for 2019 from Par	(a) tax on net investment incomount of any year in the templete this part. Structions before making any (c) Net value of noncharitable-use as on line 2 by 5.0, or by the 5 years	pase period? ventries. sets 2 3 4 5	N/A Yes (d) Distribution	n ratio
(For color of the	ction 4940(d)(2) applies, leave the foundation liable for the sense, the foundation doesn't qualification the appropriate amount in the appropriate	this part blank. ction 4942 tax on the distributable a lify under section 4940(e). Do not co each column for each year; see the instance (b) Adjusted qualifying distributions 5-year base period – divide the total on has been in existence if less than ritable-use assets for 2019 from Paracome (1% of Part I, line 27b)	(a) tax on net investment incomount of any year in the templete this part. Structions before making any (c) Net value of noncharitable-use as on line 2 by 5.0, or by the 5 years	pase period? ventries. 2 3 4 5 6 7 8	N/A Yes (d) Distribution (col. (b) divided	n ratio

Par	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instructio	15)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary — see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1			0
	check here ► and enter 1% of Part I, line 27b.	W A			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)				-
	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			0.
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			0.
6	Credits/Payments:				
a	2019 estimated tax pymts and 2018 overpayment credited to 2019				
b	Exempt foreign organizations — tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)	VAR STATE			
d	Backup withholding erroneously withheld	Harris Tale			
7	Total credits and payments. Add lines 6a through 6d	7			0.
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			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	10			
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax	11			
Par	VII-A Statements Regarding Activities				\;
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		11 E	Yes	No
	participate or intervene in any political campaign?		1 a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	112414333	1 Ь		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.				
C	Did the foundation file Form 1120-POL for this year?		1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		M. BY	NESS.	LIE STATE
	(1) On the foundation $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				200
	foundation managers \$ 0.		2	STEERS.	37
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	50533505335		Service Control	X
	If 'Yes,' attach a detailed description of the activities.				53
3	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	********	3	INTER	X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If 'Yes,' attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				Terri.
	By language in the governing instrument, or				13.1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict		6	8	X
-	with the state law remain in the governing instrument? 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	Λ_
		vanannanan	-		
Вa	Enter the states to which the foundation reports or with which it is registered. See instructions OH				
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		8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
J	for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If 'Yes,' complete	Part XIV.	9	Х	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names				
	and addresses	xxxxxxxx	10		X
BAA		F	orm 99 0)-PF (2	2019)

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Par	t 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	11	Yes	No 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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	. 13	X	
	Website address		100	2
	The books are in care of D. STEVENS MCVOY Located at D. STEVENS MCVOY Located at D. STEVENS MCVOY Telephone no. D. G14 ZIP + 4 D A3026 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here.	N/A		52
	and enter the amount of tax-exempt interest received or accrued during the year		T	N/A
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	. 16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Killed	Lv	
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	During the year, did the foundation (either directly or indirectly):	1000		
	(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? Yes	SIX S	San A	
	(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.).			
ı	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	. 11) N	/A
	Organizations relying on a current notice regarding disaster assistance, check here	TOTAL	1000	
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts.			3
`	that were not corrected before the first day of the tax year beginning in 2019?	. 10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
	a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?	1900		
	If 'Yes,' list the years ► 20, 20, 20			
1	A 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.)	. 21	o N	/A
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		196	
	► 20 , 20 , 20 , 20	110,120		H.
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No.			100
	of If 'Yes,' did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or			X
	(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)	31	o N	/A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4:	а	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 2019?	41)	X
BAA		orm 9	90-PF	(2019)

Part VII-B Statements Regarding Activiti	es for Which Form	4720 May Be Reg	uired (continued)			
5 a During the year, did the foundation pay or incur a			The track track to the control of th		Yes	No
(1) Carry on propaganda, or otherwise attempt		n (section 4945(e))?	Yes X	No		
(2) Influence the outcome of any specific pub	lic election (see section	4955); or to carry		,		
on, directly or indirectly, any voter registra	ation drive?			No		
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No		
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	a charitable, etc., organi	zation described	Yes X	No		12
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	; literary, or or animals?.	Yes X	No		10.5
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53,4945 or in a g	the transactions fail to	qualify under the excellisaster assistance?	otions	5	h N	/A
See instructions				[589	D IV	/ A
, -						1111
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Reg	sibility for the grant?		Ņ/A Yes] No		
6 a Did the foundation, during the year, receive as	ny funds, directly or ind	irectly, to pay premium	s —			125
on a personal benefit contract?	(6) (0		Yes X	No		ata.
b Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?	6	b	X
If 'Yes' to 6b, file Form 8870.				J.,		
7 a At any time during the tax year, was the found				No	Electric	District
b If 'Yes,' did the foundation receive any proceed				N/A 7	D AS THE REAL PROPERTY.	1.50
8 Is the foundation subject to the section 4960 tax of			1 77	No No		d-
or excess parachute payment(s) during the ye				_	b) sae.	(Al)
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Paid I	Employe	es,	
and Contractors 1 List all officers, directors, trustees, and found	dation managers and th	neir compensation. See	instructions			
1 List all officers, directors, trustees, and four	(b) Title, and average	(c) Compensation	(d) Contributions to			
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Exper	nse acc allowa	
D. STEVENS MCVOY	PRESIDENT	0.	0.			0
3493 RIVER SEINE STREET	0					
COLUMBUS, OH 43221						
				-		
- 0 Community of the Links and analysis of the	the then these included	on line 1 coe instructio	ns) If none ontor 'NONE	1	_	
2 Compensation of five highest-paid employees (or	(b) Title, and average	on line i – see instructio	(d)Contributions to			
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Exper	nse acc allowa	ount,
para	devoted to position		compensation			
NONE						
Total number of other employees paid over \$50.000	0			-		(

and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. See instructions. If none, en	
(a) Name and address of each person paid more than \$50,000 (b) Type of se	ervice (c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services.	
DoublY A Common of Divert Charitable Activities	
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 nur organizations and other beneficiaries served, conferences convened, research papers produced, etc.	mber of Expenses
1 OPERATION OF THE EARLY TELEVISION MUSEUM AT 5396 FRANKLIN STRE	EET,
HILLIARD, OH 43026.	
	38,237.
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	12. Amount
1 ACQUISITION AND REHABILITATION COST OF DISPLAYED TELEVISIONS	
. Word 121110N WHO IMMEDIALIZATION CORT OF PIRENTED THREE TRANSPORT	
	20,247.
2	20,23
	The last last last last last last
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3.	
BAA	Form 990-PF (2019)

see instructions.)	oreign rou	nuations,
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	
b Average of monthly cash balances .		
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and	Q E.	
1c (attach detailed explanation) 1e	316.1	
2 Acquisition indebtedness applicable to line 1 assets.	2	
3 Subtract line 2 from line 1d	. 3	
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.		0.
6 Minimum investment return. Enter 5% of line 5		0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations, check here X and do not complete this part.)	rating found	dations
1 Minimum investment return from Part X, line 6		
2 a Tax on investment income for 2019 from Part VI, line 5	0.00	
b Income tax for 2019. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b.	2c	
3 Distributable amount before adjustments. Subtract line 2c from line 1.	. 3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	. 5	
6 Deduction from distributable amount (see instructions)	. 6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1000	
a Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26.		38,237.
b Program-related investments — total from Part IX-B.		20,247.
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).	VVVV	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	. 4	58,484.
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	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	. 6	58,484.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for qualifies for the section 4940(e) reduction of tax in those years.	oundation	

BAA Form 990-PF (2019)

Part XIII Undistributed Income (see Instr	uctions)	N/A		
	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
Distributable amount for 2019 from Part XI, line 7	- 25 districts			
2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only				
b Total for prior years: 20 , 20 , 20	THE LOW CHANGE			规定 以 自己的
3 Excess distributions carryover, if any, to 2019:	F 1538,232 WEST 18			SECTION OF THE
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e				
4 Qualifying distributions for 2019 from Part				
XII, line 4: ► \$				
a Applied to 2018, but not more than line 2a.				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2019 distributable amount s				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b. Taxable amount — see instructions			a A Sign of the Line	
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount — see instructions.				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions).				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

Part XIV Private Operating Foundat	ions (see instru	ictions and Part	VII-A, question	9)	
1 a If the foundation has received a ruling or dete is effective for 2019, enter the date of the	rmination letter that i	t is a private operatir	ng foundation, and th	e ruling	11/15/01
b Check box to indicate whether the foundate	•			X 4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	rating foundation de	Prior 3 years	13 12()/(3) 61	
income from Part I or the minimum investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
each year listed.	0.				0.
b 85% of line 2a					0.
c Qualifying distributions from Part XII, line 4, for each year listed	58,484.	79,802.	68,811.	76,129.	283, 226.
d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly					0.
for active conduct of exempt activities. Subtract line 2d from line 2c	58,484.	79,802.	68,811.	76,129.	283,226.
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets	1,212,955.	1,189,899.	1,166,095.	1,141,904.	4,710,853.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)b 'Endowment' alternative test — enter 2/3 of	1,212,955.	1,189,899.	1,166,095.	1,141,904.	4,710,853.
minimum investment return shown in Part X, line 6, for each year listed					
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					-
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information assets at any time during th	(Complete this	part only if the f	foundation had	\$5,000 or more	in
Information Regarding Foundation Managera List any managers of the foundation who have close of any tax year (but only if they have D. STEVENS MCVOY	gers:	an 2% of the total cor	ntributions received t section 507(d)(2).)	by the foundation bef	ore the
b List any managers of the foundation who own a partnership or other entity) of which the NONE				portion of the owner	ship of
2 Information Regarding Contribution, Grant, © Check here ► X if the foundation only ma requests for funds. If the foundation makes 2a, b, c, and d. See instructions.	kes contributions to p s gifts, grants, etc.,	reselected charitable to individuals or org	ganizations under o	ther conditions, cor	
a The name, address, and telephone number or	email address of the	person to whom app	lications should be a	ddressed:	
b The form in which applications should be s	ubmitted and inforn	nation and materials	s they should includ	le.	
c Any submission deadlines:					
d Any restrictions or limitations on awards, s	uch as by geograph	ical areas, charitab	le fields, kinds of in	stitutions, or other	factors:

3 Grants and Contributions Paid During the Y	ear or Approved for Fut	ure Paymen	t	N/A
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	7 3110 3110
Name and address (home or business) a Paid during the year	or substantial contributor	recipient		
Total		ll	· · · · · · · · · · · · · · · · · · ·	
b Approved for future payment				
Total			▶ 3	h
Total.			13.10	U

		Activities				
Enter gross	s amounts unless otherwise indicated	Unrelate	ed business income	Excluded	by section 512, 513, or 514	(a)
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions.)
1 Progr	ram service revenue:			code		(000 1110111011011011011011)
a						
b						
С						
d						
е						
f						
_	and contracts from government agencies.					
	bership dues and assessments.					
	t on savings and temporary cash investments.					
	ends and interest from securities					
	ental income or (loss) from real estate:	The same		rélia, d		
	financed property					
	ebt-financed property					
	ntal income or (loss) from personal property.					
	investment income					
	r (loss) from sales of assets other than inventory					
	ncome or (loss) from special events					
10 Gross	s profit or (loss) from sales of inventory.					
11 Other	revenue:			22 0.00		
a SAL	E OF SMALL ITEMS					6,531.
b						
С						
d						
е						
	otal. Add columns (b), (d), and (e)	134,785%		1000		6,531.
12 Subto	otal. Add columns (b), (d), and (e)		(1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0		13	
12 Subto 13 Total (See works	Add line 12, columns (b), (d), and (e)	ons.)				6,531. 6,531.
12 Subto 13 Total (See works	Add line 12, columns (b), (d), and (e)	ons.)				
12 Subto 13 Total (See works	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp	t Purpo	oses	6,531.

Form 990-PF (2019) EARLY TELEVIS: FOUNDATION 31-1729147 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Example Organizations

		Exempt Org	anizations	•							
d-	escribe	organization dire ed in section 501 to political orga	l(c) (other th	ectly engage nan section 5	in any of the foll 01(c)(3) organiza	owing with a tions) or in s	iny other organiza section 527,	ition		Yes	No
	_			tion to a non	charitable exemp	t organizatio	in of:				
		· ·	-		•	-			1a(1)	X
							3			-	X
		ansactions:			A. F. E. C. C. F. C.				100	-/	A Desired
			noncharitab	ole exempt o	roanization	o roran a			1b(1)	X
										-	X
							ž				X
							**************************************				X
										_	X
										-	X
										-	X
d If th	the an e good ny tran	swer to any of t s, other assets, o saction or shari	the above is or services giv ng arrangem	'Yes,' compl ven by the rep nent, show in	ete the following orting foundation. column (d) the v	schedule. Co If the foundat alue of the g	plumn (b) should a ion received less th goods, other asset	always show the nan fair market va s, or services re	fair market value in ceived.	alue of	
(a) Line	no.	(b) Amount involve	ed (c)	Name of nonch	aritable exempt organi	zation	(d) Description of t	ransfers, transactions	s, and sharing a	rangemen	its
2 a ls	the for	undation directly of d in section 501	or indirectly at	ffiliated with, an section 5	or related to, one c 01(c)(3)) or in sec	or more tax-extion 527?	xempt organization:	S	SALESSAN Y	es X	No
b lf		complete the fo		dule.	4) T			1.5			
AT /A	(a)	Name of organ	uzation		(b) Type of orga	anization		(c) Description of	or relationship)	
N/A											
Sign Here	Under procorrect,	enalties of perjury, I o and complete. Declar	declare that I hav ration of prepare	ve examined this r (other than taxp	return, including accompayer) is based on all in	npanying schedu Iformation of whi	les and statements, and ch preparer has any known PRESIDENT		May this re prepar	f, it is true e IRS disc turn with ther shown t	uss
	Signa	lure of officer or trust	ee		Date		Title			Yes	No
		Print/Type preparer	's name		Preparer's signature		Date	Check	if PTIN		
Paid		RUSSELL W	. KESSLE	CR	RUSSELL W.	KESSLEF	7/20/2	O self-employed	P000	56705	
Prepa	rer	Firm's name			ENGER CO., I	L.P.A.			1-130135		
Use O		Firm's address		IVERS ED							
			COLUMB		3235			Phone no. (614) 888	-3185	,
ВАА										90-PF (

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ZU	J	9

FEDERAL STATEMENTS

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EARLY TELEVISION FOUNDATION

31-1729147

STATEMENT 1
FORM 990-PF, PART I, LINE 11
OTHER INCOME

	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
SALE OF SMALL ITEMSTOTAL	\$ 6,531 \$ 6,531	\$ 0.	\$ 0.

STATEMENT 2 FORM 990-PF, PART I, LINE 16A LEGAL FEES

	IN	(B) NET VESTMENT INCOME				(D) HARITABLE PURPOSES
\$ 1,316.					\$	1,316.
\$ 1,316.	\$	0.	\$	0.	\$	1,316.
	EXPENSES PER BOOKS \$ 1,316.	EXPENSES IN PER BOOKS	EXPENSES INVESTMENT PER BOOKS INCOME \$ 1,316.	EXPENSES INVESTMENT AD PER BOOKS INCOME NET	EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 1,316.	EXPENSES INVESTMENT ADJUSTED C PER BOOKS INCOME NET INCOME \$ 1,316. \$

STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES

	(A) EXPEN: PER BC	SES OOKS) NET ESTMENT NCOME	ADJ NET	(C) JUSTED INCOME		(D) ARITABLE JRPOSES
PAYROLL TAXESTOTAL	\$	156. 156.	\$ 0.	\$	0.	\$ \$	156. 156.

STATEMENT 4 FORM 990-PF, PART I, LINE 19 ALLOCATED DEPRECIATION

DATE <u>ACQUIRED</u> DONATED EQUI		PRIOR YR DEPR	METHOD		LIFE	CURRENT YR DEPR	NET INVEST INCOME	ADJUSTED NET INCOME
1/01/12	4,292	4,100	700DB	0.0446		192	0	0
PURCHASED E	QUIPMENT 8,753	8,364	200DB	0.0446		389	0	0
FURNITURE & 7/01/12	FIXTURES 1,537	1,468	200DB	0.0446		69	0	0
PURCHASED EQ 7/01/13	QUIPMENT 4,497	3,896	200DB	0.0893		402	0	0
DONATED EQUI 7/01/13	IPMENT 15,040	13,025	200DB	0.0893		1,343	0	0
PURCHASED EQ 7/01/14	QUIPMENT 10,417	8,093	200DB	0.0892		929	0	0

FEDERAL STATEMENTS

PAGE 2

EARLY TELEVISION FOUNDATION

31-1729147

STATEMENT 4 (CONTINUED) FORM 990-PF, PART I, LINE 19 ALLOCATED DEPRECIATION

DATE ACQUIRED	COST BASIS	PRIOR YR DEPR	METHOD	_RATE_	LIFE	CURRENT YR DEPR	NET INVEST	ADJUSTED NET INCOME
DONATED EQU 7/01/14	JIPMENT 40,897	31,773	200DB	0.0892		3,648	0	0
PURCHASED E 7/01/15	QUIPMENT 114,943	79,035	200DB	0.0893		10,264	0	0
DONATED EQU 7/01/15	JIPMENT 67,469	46,391	200DB	0.0893		6,025	0	0
PURCHASED E 7/01/16	QUIPMENT 15,192	8,549	200DB	0.1249		1,897	0	0
DONATED EQU 7/01/16	JIPMENT 19,455	10,948	200DB	0.1249		2,430	0	0
PURCHASED E 7/01/17	QUIPMENT 7,277	2,822	200DB	0.1749		1,273	0	0
DONATED EQU 7/01/17	JIPMENT 15,595	6,048	200DB	0.1749		2,728	0	0
PURCHASED E 7/01/18	QUIPMENT 11,730	1,676	200DB	0.2449		2,873	0	0
DONATED EQU 7/01/18	JIPMENT 16,125	2,304	200DB	0.2449		3,949	0	О
PURCHASED E 7/01/19	QUIPMENT 5,782		200DB	0.1429		826	0	0
DONATED EQU 7/01/19	JIPMENT 14,465		200DB	0.1429		2,067	0	0

STATEMENT 5 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES	\$ 54.			\$ 54.
COMPUTER EXPENSES	1,685.			1,685.
CONVENTION EXPENSES	6,672.			6,672.
DELIVERY & SHIPPING	3,751.			3,751.
INSURANCE.	3,507.			3,507.
MEMBERSHIPS	594.			594.
MISCELLANEOUS	118.			118.
MUSEUM FIXTURES	56.			56.
MUSEUM IMPROVEMENT	660.			660.
MUSEUM MAINTENANCE.	1,060.			1,060.
OFFICE SUPPLIES.	47.			47.
RESTORATION EXPENSES	1,198.			1,198.
SMALL SALE ITEMS	713.			713.
UTILITIES	4,931.			4,931.
YARD MAINTENANCE	2,485.			2,485.
TOTAL	\$ 27,531.	\$ 0.	\$ 0.	\$ 27,531.
	= 27,001.	<u> </u>	<u> </u>	<u>+ 27,331.</u>

2019

FEDERAL STATEMENTS

PAGE 3

EARLY TELEVISION FOUNDATION

31-1729147

STATEMENT 6 FORM 990-PF, PART II, LINE 14 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		BASIS	_	ACCUM. DEPREC.	 BOOK VALUE	F7	AIR MARKET VALUE
FURNITURE AND FIXTURES MACHINERY AND EQUIPMENT IMPROVEMENTS	\$	5,923. 542,859. 34,218.	\$	5,923. 439,189. 2,243.	\$ 0. 103,670. 31,975.	\$	0. 583,000. 0.
TOTA	AL \$	583,000.	\$	447,355.	\$ 135,645.	\$	583,000.

STATEMENT 7 FORM 990-PF, PART II, LINE 15 OTHER ASSETS

	B	OOK VALUE	F	AIR MARKET VALUE
DISPLAYED TELEVISIONS	\$	610,010.	\$	610,010.
TOTAL	ş	610,010.	\$	610,010.

12/31/19	2	019 F	2019 FEDER	AL E	3001	< DEP	AL BOOK DEPRECIATION SCHEDULE	TION	SCHE	DULE				PA	PAGE 1
				EAR	LY TE	LEVISIO	EARLY TELEVISION FOUNDATION	ATION						31-1	31-1729147
NO. DESCRIPTION.	DATE ACQUIRED	DATE	COST/ BASIS.	BUS. PCT.	CUR 179 BONIIS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD LIFE RATE	LIFE		CURRENT DEPR.
FORM 990/990-PF															
FURNITURE AND FIXTURES															
1 FURNITURE & FIXTURES	7/01/05		3,268							3,268	3,268	200DB HY	7		C
3 FURNITURE & FIXTURES	7/01/06		1,118							1,118	1,118	200DB HY	7		د
20 FURNITURE & FIXTURES	7/01/12	*	1,537	•0						1,537	1,468	200DB HY), 7	.04460	69
TOTAL FURNITURE AND FIXTURE			5,923		0	0	0	0	0	5,923	5,854				69
IMPROVEMENTS															
2 MUSEUM IMPROVEMENT	7/01/05	,	2,243	,			ì			2,243	2,243	200DB HY	7		0
TOTAL IMPROVEMENTS			2,243	,	0	0	0	0	0	2,243	2,243				0
MACHINERY AND EQUIPMENT															
4 PURCHASED EQUIPMENT	7/01/06		10,670							10,670	10,670	200DB HY	7		0
5 DONATED EQUIPMENT	2/01/06		25,630							25,630	25,630	200DB HY	7		0
6 RESTORATION	90/10//		2,269							2,269	2,269	200DB HY	7		0
	7/01/07		22,720							22,720	22,720	200DB HY	7		
	7/01/07		2,300							2,300	2,300	200DB HY	_		0
9 PURCHASED EQUIPMENT 10 PURCHASED EQUIPMENT	7/01/0/		3,348							3.348	3.348	200DB HY	7		0 0
11 DONATED EQUIPMENT	7/01/08		13,598							13,598	13,598	200DB HY	1		0
12 FURNITURE & FIXTURES	7/01/08		1,540							1,540	1,540	2000B HY	1		0
13 PURCHASED EQUIPMENT	7/01/09		4,813							4,813	4,813	200DB HY	1		0
	7/01/09		13,283							13,283	13,283	200DB HY	7		0
15 DONATED EQUIPMENT	7/01/10		31,846							31,846	31,846	200DB HY	1		0
													l	l	

12/31/19		2019 F	EDER	AL BC	OK D	2019 FEDERAL BOOK DEPRECIATION SCHEDULE	IATION	SCHI	EDULE				PA	PAGE 2
				EARLY	TELEVI	EARLY TELEVISION FOUNDATION	NDATION						31-1	31-1729147
NO. DESCRIPTION	DATE ACQUIRED	DATE	COST/ BASIS	CUR BUS. 179 PCT. BONUS	IR SPECIAL 9 DEPR. JUS ALLOW.	PRIOR IAL 179/ R. BONUS/ W. SP. DEPR.	PRIOR / DEC. BAL R. DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD LIFE	LIFE RATE	, A	CURRENT DEPR.
16 DONATED EQUIPMENT	7/01/11		13,778						13,778	13,778	200DB HY	7		0
17 PURCHASED EQUIPMENT	7/01/11		24,678						24,678	24,678	200DB HY	7		0
18 DONATED EQUIPMENT	7/01/12		4,292						4,292	4,100	200DB HY	7 .0	.04460	192
19 PURCHASED EQUIPMENT	7/01/12		8,753						8,753	8,364	200DB HY	7 ,0	.04460	389
21 PURCHASED EQUIPMENT	7/01/13		4,497						4,497	3,896	200DB HY	7 .0	.08930	40
22 DONATED EQUIPMENT	7/01/13		15,040						15,040	13,025	200DB HY	7 .0	.08930	1,343
	7/01/14		10,417						10,417	8,093	200DB HY	7 .0	.08920	926
	7/01/14		40,897						40,897	31,773	200DB HY	7 .0	.08920	3,648
	7/01/15		114,943						114,943	79,035	200DB HY	7 .0	.08930	10,264
	7/01/15		67,469						62,469	46,391	200DB HY	7 .0	.08930	6,025
	7/01/16		15,192						15,192	8,549	200DB HY	7 .1	.12490	1,897
28 DONATED EQUIPMENT	7/01/16		19,455						19,455	10,948	2000B HY	7 .1	.12490	2,430
29 PURCHASED EQUIPMENT	71/11/7		7,277						7,277	2,822	200DB HY	7	.17490	1,273
30 DONATED EQUIPMENT	71/11/1		15,595						15,595	6,048	200DB HY	7 .1	.17490	2,728
31 PURCHASED EQUIPMENT	7/01/18		11,730						11,730	1,676	200DB HY	7 .2	.24490	2,873
32 DONATED EQUIPMENT	7/01/18		16,125						16,125	2,304	200DB HY	7 .2.	.24490	3,949
33 PURCHASED EQUIPMENT	7/01/19		5,782						5,782		200DB HY	7 .1	.14290	826
34 DONATED EQUIPMENT	7/01/19	175	14,465						14,465		200DB HY	7 .1	.14290	2,067
TOTAL MACHINERY AND EQUIPME	핃		542,859		0	0	0	0 0	542,859	397,954				41,235
TOTAL DEPRECIATION			551,025			0		0	551,025	406,051				41,304
GRAND TOTAL DEPRECIATION		,	551,025		0	0	0	0	551,025	406,051				41,304

Form **8879-EO**

וולS e-file Signature Authorization for an Exempt Organization

umeation	OMB No. 1545

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

► Do not send to the IRS. Keep for your records.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization	Employer identification number
EARLY TELEVISION FOUNDATION	31-1729147
Name and title of officer	
D. STEVENS MCVOY PRES	SIDENT
Part I Type of Return and Return Information (Whole Dollars Onl	y)
Check the box for the return for which you are using this Form 8879-EO and enter the check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the eave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But the applicable line below. Do not complete more than one line in Part I.	he return being filed with this form was blank, then
1 a Form 990 check here ► b Total revenue, if any (Form 990, Part VII	I, column (A), line 12) 1 b
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, I	ine 9) 2 b
3 a Form 1120-POL check here ▶ D Total tax (Form 1120-POL, line 22	2)
4a Form 990-PF check here > X b Tax based on investment income (Fo	orm 990-PF, Part VI, line 5) 4 b 0.
5 a Form 8868 check here > D b Balance Due (Form 8868, line 3c)	5 b
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization a electronic return and accompanying schedules and statements and to the best of my know further declare that the amount in Part I above is the amount shown on the copy of the intermediate service provider, transmitter, or electronic return originator (ERO) to she IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (c) the date of any refund. If applicable, I authorize the U.S. Treasury a unds withdrawal (direct debit) entry to the financial institution account indicated in organization's federal taxes owed on this return, and the financial institution to debicontact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 busine authorize the financial institutions involved in the processing of the electronic paymanswer inquiries and resolve issues related to the payment. I have selected a personal payment of the intermediate in the processing of the electronic paymanswer inquiries and resolve issues related to the payment. I have selected a personal payment of the intermediate in the intermediate in the processing of the electronic paymanswer inquiries and resolve issues related to the payment. I have selected a personal payment of the intermediate in the intermediate intermediate in the intermediate in the intermediate in the intermediate intermediate in the intermediate intermediate in the i	wledge and belief, they are true, correct, and complete. of the organization's electronic return. I consent to allow my end the organization's return to the IRS and to receive from on, (b) the reason for any delay in processing the return or and its designated Financial Agent to initiate an electronic the tax preparation software for payment of the it the entry to this account. To revoke a payment, I must ss days prior to the payment (settlement) date. I also tent of taxes to receive confidential information necessary to onal identification number (PIN) as my signature for the ctronic funds withdrawal. to enter my PIN 51012 as my signature Enter five numbers, but do not enter all zeros in this return that a copy of the return is being filed with also authorize the aforementioned ERO to enter my PIN on sion's tax year 2019 electronically filed return. If I have
Officer's signature	Date ►
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	31945508241 Do not enter all zeros
certify that the above numeric entry is my PIN, which is my signature on the 2019 above. I confirm that I am submitting this return in accordance with the requirements of Pt Authorized IRS e -file Providers for Business Returns.	electronically filed return for the organization indicated ub. 4163, Modernized e-File (MeF) Information for
RO's signature RUSSELL W. KESSLER	Dale ►
ERO Must Retain This Form — See	Instructions

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application of Automatic Extension of Time . J File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Form 8868 (Rev. 1-2020)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

EARLY TELEVISION FOUNDATION Number, street, and room or sude number. If a P.O. box, see instructions. S396 FRANKLIN STREET Grown or post office, state, and 27 cost. For a foreign address, see instructions. HILLIARD, OH 43026									
ype or initial content of the property of the	Automati	c 6-Month Extension of Time. Only sub	omit origin	al (no copies needed).					
Name of exemple eganization or other files, see instructiones. EARLY TELEVISION FOUNDATION 31-1729147	All corporatuse Form 70	ions required to file an income tax return other t 004 to request an extension of time to file incom	than Form 99 ne tax returns	90-T (including 1120-C filers), partnerships.	s, RE	MICs, and	trusts must		
Early Television Foundation Sale transfer				···	Тахра	yer identificat	ion number (TIN)		
EARLY TELEVISION FOUNDATION 31-1729147	Type or								
Number, street, and room or subte number. If a P-OL box, see instructions. S396 FRANKLIN STREET City, flown or post office, stale, and ziP code, For a foreign address, see instructions.	print	EARLY TELEVISION FOUNDATION			31-	172914	7		
Say	File by the	Number, street, and room or suite number. If a P.O. box, see	instructions.						
clay, town or post office, state, and ZIP code. For a foreign address, see instructions. HILLIARD, OH 43026 Inter the Return Code for the return that this application is for (file a separate application for each return). Depolication Form 990 or Form 990 er Form 990	due date for	[5396 FRANKLIN STREET							
HILLIARD, OH 43026	return. See	City, town or post office, state, and ZIP code. For a foreign ac	ddress, see instru	actions.					
Return Code The Books are in the care of P D. STEVENS MCVOY Telephone No. * (614) 420-1263 If the organization does not have an office or place of business in the United States, check this box. If the organization does not have an office or place of business in the United States, check this box. If the organization is for Forms of the extension is for the organization's return for the organization named above. The extension is for the organization is for the organization is for Forms 990-Ex and ending 3 If the tax year entered in line 1 is for less than 12 months, check reason: If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any lax payments made. Include any pror year overpayment wilth this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Or popt Type 100-T (corporation) Form 990-T (corporation) Or popt Type 101-Type 10	mstructions.	HILLIARD, OH 43026							
code s For S Code S Code	Enter the R	eturn Code for the return that this application is	for (file a se	parate application for each return)					
orm 990 or Form 990-EZ orm 990-BL O2 Form 1041-A O8 orm 4720 (individual) O3 Form 4720 (other than individual) O9 orm 990-PF O4 Form 5227 I0 orm 990-T (section 401(a) or 408(a) trust) O5 Form 6069 I11 orm 990-T (trust other than above) O6 Form 8870 I2 The books are in the care of P D. STEVENS MCVOY Telephone No. P (614) 420-1263 Fax No. P If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the extension is for. I request an automatic 6-month extension of time until I request an automatic 6-month extension of time until I request an automatic 6-month extension is for the organization's return for: X calendar year 20 19 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Than plication is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Bif this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	Application						Return		
orm 990-BL orm 990-BL orm 9720 (individual) 03 Form 1041-A 09 orm 9720 (individual) 03 Form 4720 (other than individual) 09 orm 990-PF 04 Form 5227 10 orm 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 orm 990-T (trust other than above) 06 Form 8870 12 The books are in the care of ► D. STEVENS MCVOY Telephone No. ► (614) 420-1263 Fax No. ► If the organization does not have an office or place of business in the United States, check this box ► If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► I request an automatic 6-month extension of time until 11/15 , 20 20 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X Calendar year 20 19 or And ending And endi	ls For		Code				Code		
orm 4720 (individual) 03 Form 4720 (other than individual) 09 orm 990-PF 04 Form 5227 10 orm 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 orm 990-T (trust other than above) 06 Form 8870 12 The books are in the care of > D. STEVENS MCVOY Telephone No. > (614) 420-1263 Fax No. > If the organization does not have an office or place of business in the United States, check this box If this is for the whole group, check this box If this is for t			01	Form 990-T (corporation)			07		
orm 990-PF orm 990-T (section 401(a) or 408(a) trust) 05							08		
orm 990-T (section 401(a) or 408(a) trust) orm 990-T (trust other than above) The books are in the care of D. STEVENS MCVOY Telephone No. (614) 420-1263 Fax No. If the organization does not have an office or place of business in the United States, check this box. If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box I request an automatic 6-month extension of time until 11/15 I request an automatic 6-month extension of time until 11/15 I request an automatic 6-month extension is for the organization's return for: X calendar year 20 19 If the tax year beginning 20 If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period I this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Bif this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. C Balance due, Subtract line 38 from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.		<u> </u>					09		
The books are in the care of D. STEVENS MCVOY Telephone No. > (614) 420-1263 Fax No. > If the organization does not have an office or place of business in the United States, check this box									
Telephone No. ► (614) 420-1263 Fax No. ► If the organization does not have an office or place of business in the United States, check this box Fit this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) Fit is is for the whole group, check this box Fit is for part of the group, check this box Fit is for part of the group, check this box Fit is for part of the group, check this box Fit is for part of the group, check this box Fit is for part of the group, check this box Fit is for part of the group, check this box Fit is for part of the group, check this box Fit is for part of the group, check this box Fit is for part of the group, check this box Fit is for part of the group, check this box Fit is for part of the group, check this box Fit is for part of the group, check this box Fit is for part of the group, check this box Fit is for the whole group, check this box Fit is for th									
Telephone No. ► (614) 420-1263 Fax No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until 11/15 , 20 20 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 19 or Tax year beginning , 20 , and ending , 20 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	Form 990-T	(trust other than above)	06	Form 8870			12		
for the organization named above. The extension is for the organization's return for: X calendar year 20 19 or tax year beginning , 20 , and ending , 20	If the orIf this is check the	ganization does not have an office or place of but for a Group Return, enter the organization's four box	usiness in th ır digit Group	e United States, check this box Exemption Number (GEN)	this is	for the w	hole group,		
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Change in accounting period 3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 5 If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 5 C Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 6 O									
Change in accounting period 3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 5 If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 5 C Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 6 O	>	tax year beginning , 20	, and endir	ng , 20					
3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3 b \$ 0			nths, check r	eason: Initial return Fin	al retu	ırn			
nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3 a \$ 0 0		ange in accounting period			T				
tax payments made. Include any prior year overpayment allowed as a credit. 3 b \$ 0 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 3 c \$ 0	3 a If this nonref	application is for Forms 990-BL, 990-PF, 990-T, undable credits. See instructions.	4720, or 606	59, enter the tentative tax, less any	3 a	\$	0.		
EFTPS (Electronic Federal Tax Payment System). See instructions 0	b If this tax pa	application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpayme	6069, enter ent allowed a	any refundable credits and estimated s a credit.	3 b	\$	0.		
	c Baland EFTPS	ce due. Subtract line 3b from line 3a. Include you 6 (Electronic Federal Tax Payment System). See	ur payment v e instructions	with this form, if required, by using	3 c	\$	0.		
ayment instructions.			rawal (direct	debit) with this Form 8868, see Form 84	53-EC	and Form	1 8879-EO for		

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.