

Public Inspection Copy

Form **990-PF**

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

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For calendar year **2022** or tax year beginning

07-01, 2022, and ending

06-30, 20 23

Name of foundation ALPHA DELTA STATE OHIO EDUCATIONAL FOUNDATION INC		A Employer identification number 31-1032554
Number and street (or P.O. box number if mail is not delivered to street address) 12 N SHAFER ST		B Telephone number (see instructions) (740) 591-3576
Room/suite		C If exemption application is pending, check here <input type="checkbox"/>
City or town, state or province, country, and ZIP or foreign postal code ATHENS, OH 45701		
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 934,787	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	347,539			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	1,474	1,474	1,474	
	4 Dividends and interest from securities	10,990	10,990	10,990	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	360,003	12,464	12,464		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule) FTM107	38,000			38,000
	b Accounting fees (attach schedule) FTM108	900			900
	c Other professional fees (attach schedule) FTM109	2,074			2,074
	17 Interest				
	18 Taxes (attach schedule) (see instructions) FTM110	426			426
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	3,233			3,233
	22 Printing and publications	1,124			1,124
	23 Other expenses (attach schedule) FTM103	4,589			4,589
	24 Total operating and administrative expenses. Add lines 13 through 23	50,346	0		50,346
25 Contributions, gifts, grants paid	24,000			24,000	
26 Total expenses and disbursements. Add lines 24 and 25	74,346	0		74,346	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	285,657				
b Net investment income (if negative, enter -0-)		12,464			
c Adjusted net income (if negative, enter -0-)			12,464		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2022)

Public Inspection Copy

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	102,412	49,737	49,737
	2 Savings and temporary cash investments		336,795	336,795
	3 Accounts receivable _____ Less: allowance for doubtful accounts _____			
	4 Pledges receivable _____ 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 schedule) _____ Less: allowance for doubtful accounts _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	34	34	34
	10a Investments - U.S. and state government obligations (attach schedule)			
	b Investments - corporate stock (attach schedule) STM137	555,689	548,221	548,221
	c Investments - corporate bonds (attach schedule)			
	11 Investments - land, buildings, and equipment: basis _____ Less: accumulated depreciation (attach schedule) _____			
	12 Investments - mortgage loans			
	13 Investments - other (attach schedule)			
	14 Land, buildings, and equipment: basis _____ Less: accumulated depreciation (attach schedule) _____			
15 Other assets (describe _____)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	658,135	934,787	934,787	
Liabilities	17 Accounts payable and accrued expenses	516	1,034	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe _____)			
	23 Total liabilities (add lines 17 through 22)	516	1,034	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input type="checkbox"/>			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input checked="" type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds	657,619	933,753	
29 Total net assets or fund balances (see instructions)	657,619	933,753		
30 Total liabilities and net assets/fund balances (see instructions)	658,135	934,787		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	657,619
2	Enter amount from Part I, line 27a	2	285,657
3	Other increases not included in line 2 (itemize) _____	3	
4	Add lines 1, 2, and 3	4	943,276
5	Decreases not included in line 2 (itemize) STM116 _____	5	9,523
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	933,753

Public Inspection Copy

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)				
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			1	173
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	173
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	173
6 Credits/Payments:				
a 2022 estimated tax payments and 2021 overpayment credited to 2022	6a			
b Exempt foreign organizations - tax withheld at source	6b			
c Tax paid with application for extension of time to file (Form 8868)	6c			
d Backup withholding erroneously withheld	6d			
7 Total credits and payments. Add lines 6a through 6d			7	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	173
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 2023 estimated tax Refunded			11	

Public Inspection Copy

Part VI-A Statements Regarding Activities

		Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 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.	1b		X
c Did the foundation file Form 1120-POL for this year?	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ _____ (2) On foundation managers. \$ _____			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .	5		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	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 XIV	7	X	
8a 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	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 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
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? Website address <u>ADSOEF.WEEBLY.COM</u>	13	X	
14 The books are in care of <u>LOIS HARKINS</u> Telephone no. <u>740-591-3576</u> Located at <u>12 N SHAFER ST, ATHENS, OH</u> ZIP+4 <u>45701</u>			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year	15		<input type="checkbox"/>
16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	16		X

Public Inspection Copy

Part VI-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.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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)?	1a(5)	X
(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.)	1a(6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d 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 2022?	1d	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 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022? If "Yes," list the years 20 _____, 20 _____, 20 _____, 20 _____	2a	X
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.)	2b	X
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 _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.)	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 2022?	4b	X

Public Inspection Copy

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

		Yes	No
5a During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions	5a(4)		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>			
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	5d		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	6b		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	8		X

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See 990_OFOV				
LOIS HARKINS 12 N SHAFER ST ATHENS OH 45701	TREASURER 10.00	0	0	0
MILLIE HOLZER 12 N SHAFER ST ATHENS OH 45701	TRUSTEE/DIRECTO 2.00	0	0	0
KARYN KERN-LAZEAR 12 N SHAFER ST ATHENS OH 45701	TRUSTEE/DIRECTO 3.00	0	0	0
DR. NORMA KIRBY 12 N SHAFER ST ATHENS OH 45701	STATUTORY AGENT 11.00	0	0	0

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

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

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

Public Inspection Copy

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

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

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

Part VIII-A Summary of Direct Charitable Activities

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

	Expenses
1 LIFELONG LEARNING - PROVIDE PERSONAL AND PROFESSIONAL GROWTH GRANTS	4,397
2 PROVIDE STUDENT TEACHER GRANTS	15,000
3 INTERNATIONAL FELLOWSHIP	7,500
4	

Part VIII-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	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	

Public Inspection Copy

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	549,344
b	Average of monthly cash balances	1b	237,034
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	786,378
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	786,378
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	11,796
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	774,582
6	Minimum investment return. Enter 5% (0.05) of line 5	6	38,729

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

1	Minimum investment return from Part IX, line 6	1	38,729
2a	Tax on investment income for 2022 from Part V, line 5	2a	173
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	173
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	38,556
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	38,556
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	38,556

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	74,346
b	Program-related investments - total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	74,346

Public Inspection Copy

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				38,556
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			31,211	
b Total for prior years: 20_____, 20_____, 20_____				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e				
4 Qualifying distributions for 2022 from Part XI, line 4: ▶ \$ <u>74,346</u>				
a Applied to 2021, but not more than line 2a			31,211	
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 2022 distributable amount				38,556
e Remaining amount distributed out of corpus	4,579			
5 Excess distributions carryover applied to 2022 (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	4,579			
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				0
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 2017 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	4,579			
10 Analysis of line 9:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022	4,579			

Public Inspection Copy

Part XIV **Supplementary Information** *(continued)*

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AUDRA BERNYS PO BOX 210140 CINCINNATI OH 45221	NONE	I	STUDENT TEACHING	1,800
EMILY LAM 3640 COLONEL GLENN HWY DAYTON OH 45435	NONE	I	STUDENT TEACHING	2,000
CASEY QUINN 301 SOUTH CAMPUS AVE OXFORD OH 45056	NONE	I	STUDENT TEACHING	1,700
ESTHER STRICKLAND 301 SOUTH CAMPUS AVE OXFORD OH 45056	NONE	I	STUDENT TEACHING	1,600
SARA STEELE 2801 BANCROFT ST TOLEDO OH 43606	NONE	I	STUDENT TEACHING	1,500
OLIVIA YEREEN 1001 E WOOSTER ST BOWLING GREEN OH 43403	NONE	I	STUDENT TEACHING	1,100
MELINA SMITH 1001 E WOOSTER ST BOWLING GREEN OH 43403	NONE	I	STUDENT TEACHING	1,300
KAYLA TAYLOR 1001 E WOOSTER ST BOWLING GREEN OH 43403	NONE	I	STUDENT TEACHING	1,200
Total				3a
b <i>Approved for future payment</i>				
Total				3b

Public Inspection Copy

Part XIV **Supplementary Information** *(continued)*

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JAEI JACKSON 4240 CAMPUS DR LIMA OH 45804	NONE	I	STUDENT TEACHING	1,200
CRYSTAL ALSTAETTER 4240 CAMPUS DR LIMA OH 45804	NONE	I	NONE	1,600
A MARGARET BOYD PO BOX 960 ATHENS OH 45701	NONE	I	INTERNATIONAL STUDIES	5,000
AMIRULLOH RADEN PO BOX 210140 CINCINNATI OH 45221	NONE	I	INTERNATIONAL STUDIES	2,500
PAINESVILLE CITY LOCAL SCHOOLS 58 JEFFERSON ST PAINESVILLE OH 44077	NONE	PC	COMMUNITY IMPACT AWARD	500
FIRST PRESBYTERIAN CHURCH 21 FIRELANDS BLVD NORWALK OH 44857	NONE	PC	CLASSROOM IMPACT AWARD	500
BETA RHO CHAPTER 402 LAWNWOOD DR CIRCLEVILLE OH 43113	NONE	PC	INDIVIDUAL IMPACT AWARD	500
Total				3a 24,000
b <i>Approved for future payment</i>				
Total				3b

Public Inspection Copy

Federal Supporting Statements

2022 PG01

Name(s) as shown on return

Tax ID Number

ALPHA DELTA STATE OHIO EDUCATIONAL

31-1032554

FORM 990PF - PART III - LINE 5 OTHER DECREASES SCHEDULE

STATEMENT #116

CHANGE IN INVESTMENT FMV	9,523
TOTAL	<u>9,523</u>

FORM 990PF - PART II - LINE 10(B) INVESTMENTS: CORPORATE STOCK SCHEDULE

PG01
STATEMENT #137

<u>CATEGORY</u>	<u>BOY</u>	<u>BOOK VALUE</u>	<u>EOY FMV</u>
MUTUAL FUND INVESTMENTS	555,689	548,221	548,221
TOTALS	<u>555,689</u>	<u>548,221</u>	<u>548,221</u>

Public Inspection Copy

Federal Supporting Statements

2022 PG01

Name(s) as shown on return

Tax ID Number

ALPHA DELTA STATE OHIO EDUCATIONAL

31-1032554

FORM 990PF - PART I - LINE 23 - OTHER EXPENSES SCHEDULE

STATEMENT #103~

DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE
POSTAGE AND MAILING SERVICES	622	0	0	622
SUPPLIES	3,205	0	0	3,205
OTHER EXPENSES	397	0	0	397
INSURANCE	<u>365</u>	<u>0</u>	<u>0</u>	<u>365</u>
TOTALS	<u>4,589</u>	<u>0</u>	<u>0</u>	<u>4,589</u>

FORM 990PF - PART I - LINE 16(A) - LEGAL FEES SCHEDULE

PG01
STATEMENT #107~

DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE
LEGAL FEES	<u>38,000</u>	<u>0</u>	<u>0</u>	<u>38,000</u>
TOTALS	<u>38,000</u>	<u>0</u>	<u>0</u>	<u>38,000</u>

Public Inspection Copy

Federal Supporting Statements

2022 PG01

Name(s) as shown on return

Tax ID Number

ALPHA DELTA STATE OHIO EDUCATIONAL

31-1032554

FORM 990PF - PART I - LINE 16(B) - ACCOUNTING FEES SCHEDULE

STATEMENT #108~

DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE
ACCOUNTING FEES	900	0	0	900
TOTALS	<u>900</u>	<u>0</u>	<u>0</u>	<u>900</u>

FORM 990PF - PART I - LINE 16(C) - OTHER PROFESSIONAL FEES SCHEDULE

PG01
STATEMENT #109~

DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE
CONTRACT SERVICES	1,000	0	0	1,000
BANK FEES	116	0	0	116
ANNUAL MEETING EXPENSE	958	0	0	958
TOTALS	<u>2,074</u>	<u>0</u>	<u>0</u>	<u>2,074</u>

Public Inspection Copy

Federal Supporting Statements

2022 PG01

Name(s) as shown on return

Tax ID Number

ALPHA DELTA STATE OHIO EDUCATIONAL

31-1032554

FORM 990PF - PART I - LINE 18 - TAXES SCHEDULE

STATEMENT #110~

DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE
BUSINESS FEES AND TAXES	<u>426</u>	<u>0</u>	<u>0</u>	<u>426</u>
TOTALS	<u><u>426</u></u>	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>426</u></u>

Public Inspection Copy

Federal Supporting Statements

(This page is e-filed with the return. Include it if paper-filing.)

2022 PG01

Name(s) as shown on return

Your Social Security Number

ALPHA DELTA STATE OHIO EDUCATIONAL

31-1032554

FORM 990PF - PART XIV - LINE 2
APPLICATION SUBMISSION INFORMATION

GRANT PROGRAM

SCHOLARSHIP

APPLICANT NAME

MARILYN SLUSSER

ADDRESS

12 N SHAFER ST
ATHENS OH 45701

TELEPHONE

740-591-3576

EMAIL ADDRESS

HMSTREAS@GMAIL.COM

FORM & CONTENT

APPLICATION INSTRUCTIONS ARE PROVIDED FOR EACH APPLICATION. THE INSTRUCTIONS MUST BE FOLLOWED. APPLICATION RESPONSES MUST BE CONCISE AND SPECIFIC. A REVIEW COMMITTEE IS APPOINTED FOR EACH AWARD. A DEVELOPED RUBRIC IS USED BY EACH REVIEW COMMITTEE TO RANK THE APPLICATIONS FOR IMPARTIALITY. SCHOLARSHIPS, FELLOWSHIPS, GRANTS, AND EDUCATIONAL PROJECTS ARE AWARDED BASED UPON AVAILABILITY OF FUNDS.

SUBMISSION DEADLINE

FEBRUARY 1

RESTRICTIONS ON AWARD

SEE WEBSITE AT [HTTP://ADSOEF.WEEBLY.COM](http://ADSOEF.WEEBLY.COM) FOR AWARD RESTRICTIONS AND LIMITATIONS.