

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

2023

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

For calendar year 2023 or tax year beginning 07-01, 2023, and ending 06-30, 2024

Name of foundation: ALPHA DELTA STATE OHIO EDUCATIONAL FOUNDATION INC. A Employer identification number: 31-1032554. B Telephone number: (740) 591-3576. C If exemption application is pending, check here. D 1. Foreign organizations, check here. 2. Foreign organizations meeting the 85% test, check here and attach computation. E If private foundation status was terminated under section 507(b)(1)(A), check here. F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. H Check type of organization: [X] Section 501(c)(3) exempt private foundation. I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 956,544. J Accounting method: [X] Cash [ ] Accrual [ ] Other (specify).

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).)

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes (cash basis only). Rows include Revenue (1-12), Operating and Administrative Expenses (13-26), and Summary (27-29).

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	49,737	32,260	32,260
	2	Savings and temporary cash investments	336,795	369,795	369,795
	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	548,221	554,455	554,455
	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	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	934,787	956,544	956,544	
Liabilities	17	Accounts payable and accrued expenses	1,034	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	<b>Total liabilities</b> (add lines 17 through 22)	1,034	1,034	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30</b> <input type="checkbox"/>				
	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions			
	<b>Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30</b> <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	933,753	955,510	
29	<b>Total net assets or fund balances</b> (see instructions)	933,753	955,510		
30	<b>Total liabilities and net assets/fund balances</b> (see instructions)	934,787	956,544		

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	933,753
2	Enter amount from Part I, line 27a	2	16,586
3	Other increases not included in line 2 (itemize) STM115	3	5,171
4	Add lines 1, 2, and 3	4	955,510
5	Decreases not included in line 2 (itemize)	5	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 29	6	955,510

**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)		1	545
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) . . . . .			
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	545
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) . . . . .		4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .		5	545
6	Credits/Payments:			
a	2023 estimated tax payments and 2022 overpayment credited to 2023 . . . . .	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 <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached . . . . .		8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .		9	545
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .		10	
11	Enter the amount of line 10 to be: <b>Credited to 2024 estimated tax</b> . . . . . <b>Refunded</b> . . . . .		11	

**Part VI-A Statements Regarding Activities**

		Yes	No
<b>1a</b>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		<b>X</b>
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition . . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		<b>X</b>
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		<b>X</b>
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. \$ _____ <b>(2)</b> On foundation managers. \$ _____		
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____		
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities.		<b>X</b>
<b>3</b>	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .		<b>X</b>
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>X</b>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by <i>General Instruction T</i> .		<b>X</b>
<b>6</b>	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>X</b>	
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV . . . . .	<b>X</b>	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered. See instructions. <b>OH</b>		
<b>b</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation . . . . .	<b>X</b>	
<b>9</b>	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII . . . . .		<b>X</b>
<b>10</b>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .		<b>X</b>
<b>11</b>	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 . . . . .		<b>X</b>
<b>12</b>	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 . . . . .		<b>X</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . . Website address <b>ADSOEF.WEEBLY.COM</b>	<b>X</b>	
<b>14</b>	The books are in care of <b>LOIS HARKINS</b> Telephone no. <b>740-591-3576</b> Located at <b>12 N SHAFER ST, ATHENS, OH</b> ZIP+4 <b>45701</b>		
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here . . . . . and enter the amount of tax-exempt interest received or accrued during the year . . . . .		<input type="checkbox"/>
<b>16</b>	At any time during calendar year 2023, 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		<b>X</b>

**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
<b>1a</b>	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? . . . . .		X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .		X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .		X
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .		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)? . . . . .		X
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) . . . . .		X
<b>b</b>	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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 . . . . .		
<b>c</b>	Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b>	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 2023? . . . . .		X
<b>2</b>	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)):		
<b>a</b>	At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? If "Yes," list the years . . . . . 20 _____, 20 _____, 20 _____, 20 _____		X
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement - see instructions.) . . . . .		X
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. 20 _____, 20 _____, 20 _____, 20 _____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .		X
<b>b</b>	If "Yes," did it have excess business holdings in 2023 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 2023.) . . . . .		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .		X
<b>b</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 2023? . . . . .		X

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

	Yes	No
<b>5a</b> 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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions		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?		X
<b>b</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		
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> 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).		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		
<b>8</b> 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?		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
<b>See 990_OFOV</b>				
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
DR. NORMA KIRBY 12 N SHAFER ST ATHENS OH 45701	STATUTORY AGENT 11.00	0	0	0
TAMMY SCHROEDER 12 N SHAFER ST ATHENS OH 45701	TRUSTEE/DIRECTO 1.00	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

**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
<b>1 CLASSROOM IMPACT AWARDS</b> _____	1,000
<b>2 PROVIDE STUDENT TEACHER GRANTS</b> _____	22,200
<b>3 INTERNATIONAL FELLOWSHIP</b> _____	13,021
<b>4</b> _____	

**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
<b>1</b> _____	
<b>2</b> _____	
All other program-related investments. See instructions. <b>3</b>	

**Total.** Add lines 1 through 3 . . . . .

**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	546,132
b	Average of monthly cash balances	1b	382,859
c	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	928,991
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	928,991
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	13,935
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3	5	915,056
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5	6	45,753

**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	45,753
2a	Tax on investment income for 2023 from Part V, line 5	2a	545
b	Income tax for 2023. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	545
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	45,208
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	45,208
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	45,208

**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	41,756
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	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4	4	41,756



**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
<b>1</b> Distributable amount for 2023 from Part X, line 7 . . . . .				<b>45,208</b>
<b>2</b> Undistributed income, if any, as of the end of 2023:				
<b>a</b> Enter amount for 2022 only . . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2023:				
<b>a</b> From 2018 . . . . .				
<b>b</b> From 2019 . . . . .				
<b>c</b> From 2020 . . . . .				
<b>d</b> From 2021 . . . . .				
<b>e</b> From 2022 . . . . .				<b>4,579</b>
<b>f Total</b> of lines 3a through e . . . . .	<b>4,579</b>			
<b>4</b> Qualifying distributions for 2023 from Part XI, line 4: \$ <b>41,756</b>				
<b>a</b> Applied to 2022, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) . . . . .				
<b>d</b> Applied to 2023 distributable amount . . . . .				<b>41,756</b>
<b>e</b> Remaining amount distributed out of corpus . . . . .				
<b>5</b> Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .	<b>3,452</b>			<b>3,452</b>
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	<b>1,127</b>			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> 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 . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions . . . . .				
<b>e</b> Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .				
<b>f</b> Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024 . . . . .				<b>0</b>
<b>7</b> 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) . . . . .				
<b>8</b> Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9 Excess distributions carryover to 2024.</b> Subtract lines 7 and 8 from line 6a . . . . .	<b>1,127</b>			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2019 . . . . .				
<b>b</b> Excess from 2020 . . . . .				
<b>c</b> Excess from 2021 . . . . .				
<b>d</b> Excess from 2022 . . . . .				<b>1,127</b>
<b>e</b> Excess from 2023 . . . . .				

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling . . . . .

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

	Tax year				(e) Total
	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed . . . . .					
<b>b</b> 85% (0.85) of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed . . . . .					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

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

**1 Information Regarding Foundation Managers:**

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

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

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

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

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

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**990APP**

**b** The form in which applications should be submitted and information and materials they should include:

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**c** Any submission deadlines:

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

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> Paid during the year				
ZACH ROGERS PO BOX 183248 COLUMBUS OH 43218	NONE	I	SCHOLARSHIP	1,600
SYDNEY BACON PO BOX 183248 COLUMBUS OH 43218	NONE	I	SCHOLARSHIP	2,200
ASHLEY EUANS PO BOX 183248 COLUMBUS OH 43218	NONE	I	SCHOLARSHIP	2,200
KATHY BECKER 1001 E WOOSTER ST BOWLING GREEN OH 43403	NONE	I	STUDENT TEACHING	1,700
EMMA BROWN 1001 E WOOSTER ST BOWLING GREEN OH 43403	NONE	I	STUDENT TEACHING	2,400
KAYLEE SCHULTZ PO BOX 960 ATHENS OH 45701	NONE	I	STUDENT TEACHING	1,000
ALESIA TOBIN 1001 E WOOSTER ST BOWLING GREEN OH 43403	NONE	I	STUDENT TEACHING	1,300
ALEXIS SAMPSON 1001 E WOOSTER ST BOWLING GREEN OH 43403	NONE	I	STUDENT TEACHING	2,200
<b>Total</b> .....				<b>3a</b>
<b>b</b> Approved for future payment				
<b>Total</b> .....				<b>3b</b>

**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)				
<b>a Paid during the year</b>				
MARGARET WEBER 1001 E WOOSTER ST BOWLING GREEN OH 43403	NONE	I	STUDENT TEACHING	1,000
EMILY RUEN 1001 E WOOSTER ST BOWLING GREEN OH 43403	NONE	I	STUDENT TEACHING	1,100
ALAINA COLLINS 3640 COLONEL GLENN HWY DAYTON OH 45435	NONE	I	STUDENT TEACHING	1,300
ZAC HERMAN PO BOX 960 ATHENS OH 45701	NONE	I	STUDENT TEACHING	1,200
MEGAN HUDEPOHL PO BOX 21040 CINCINNATI OH 45221	NONE	I	STUDENT TEACHING	1,500
BRADIE RAMSEY PO BOX 21040 CINCINNATI OH 45221	NONE	I	STUDENT TEACHING	1,500
AMIRULLOH RADEN PO BOX 21040 CINCINNATI OH 45221	NONE	I	INTERNATIONAL STUDIES	5,000
MUKADAS TASHIEVA PO BOX 5190 KENT OH 44242	NONE	I	INTERNATIONAL STUDIES	8,000
<b>Total</b> .....				<b>3a</b>
<b>b Approved for future payment</b>				
<b>Total</b> .....				<b>3b</b>

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

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
CIRCLEVILLE CITY SCHOOLS 380 CLARK DRIVE CIRCLEVILLE OH 43113	NONE	GOV	CLASSROOM IMPACT AWARD	500
WALNUT ELEMENTARY 7150 ASHVILLE-FAIRFIELD RD ASHVILLE OH 43103	NONE	GOV	COMMUNITY IMPACT AWARD	500
<b>Total</b> .....				<b>3a</b> 36,200
<b>b Approved for future payment</b>				
<b>Total</b> .....				<b>3b</b>



Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, a, b, c, d regarding transfers and transactions with noncharitable exempt organizations.

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

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? [ ] Yes [X] No
b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature: LOIS HARKINS Date: Date Title: TREASURER
May the IRS discuss this return with the preparer shown below? See instructions. [X] Yes [ ] No

Paid Preparer Use Only Print/Type preparer's name: KRISTIN D CHILDERS CPA Preparer's signature: KRISTIN D CHILDERS CPA Date: 11-12-2024 Check [ ] if self-employed PTIN: P01305896
Firm's name: Childers Accounting, PLLC Firm's EIN:
Firm's address: PO BOX 8 THE PLAINS OH 45780 Phone no.: 740-797-4542

**List of Officers, Directors, Trustees, and Key Employees**

**1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.**

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<b>CHRISTINE SNODDY SECRETAR</b>	4.00	0	0	0
12 N SHAFER ST ATHENS OH 45701				
<b>DEBRA FRAZIER TRUSTEE/</b>	2.00	0	0	0
12 N SHAFER ST ATHENS OH 45701				
<b>BARBARA SMITH TRUSTEE/</b>	1.00	0	0	0
12 N SHAFER ST ATHENS OH 45701				
<b>SUE LOADER TRUSTEE/</b>	2.00	0	0	0
12 N SHAFER ST ATHENS OH 45701				
<b>BRENDA ARMSTRONG TRUSTEE/</b>	1.00	0	0	0
12 N SHAFER ST ATHENS OH 45701				
<b>LINDA DILTZ TRUSTEE/</b>	1.00	0	0	0
12 N SHAFER ST ATHENS OH 45701				
<b>DIANA KIRKPATRICK TRUSTEE/</b>	1.00	0	0	0
12 N SHAFER ST ATHENS OH 45701				



**Federal Supporting Statements**

**2023 PG01**

Name(s) as shown on return

Tax ID Number

ALPHA DELTA STATE OHIO EDUCATIONAL

31-1032554

**FORM 990PF - PART III - LINE 3  
OTHER INCREASES SCHEDULE**

STATEMENT #115

CHANGE IN INVESTMENT FMV	5,171
TOTAL	<u>5,171</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	548,221	554,455	554,455
TOTALS	<u>548,221</u>	<u>554,455</u>	<u>554,455</u>

## Federal Supporting Statements

**2023** 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	131	0	0	131
SUPPLIES	1,139	0	0	1,139
OTHER EXPENSES	344	0	0	344
INSURANCE	<u>365</u>	<u>0</u>	<u>0</u>	<u>365</u>
<b>TOTALS</b>	<b><u>1,979</u></b>	<b><u>0</u></b>	<b><u>0</u></b>	<b><u>1,979</u></b>

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

PG01  
STATEMENT #108~

DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE
ACCOUNTING FEES	<u>1,040</u>	<u>0</u>	<u>0</u>	<u>1,040</u>
<b>TOTALS</b>	<b><u>1,040</u></b>	<b><u>0</u></b>	<b><u>0</u></b>	<b><u>1,040</u></b>

## Federal Supporting Statements

**2023** PG01

Name(s) as shown on return

Tax ID Number

ALPHA DELTA STATE OHIO EDUCATIONAL

31-1032554

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

STATEMENT #109~

DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE
CONTRACT SERVICES	<u>1,000</u>	<u>0</u>	<u>0</u>	<u>1,000</u>
<b>TOTALS</b>	<u><u>1,000</u></u>	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>1,000</u></u>

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

PG01  
STATEMENT #110~

DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE
BUSINESS FEES AND TAXES	<u>173</u>	<u>0</u>	<u>0</u>	<u>173</u>
<b>TOTALS</b>	<u><u>173</u></u>	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>173</u></u>

**Federal Supporting Statements**

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

**2023** 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.