Form **990**

EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

<u>~</u>	ror un	and a calendar year, or tax year beginning JUL 1, 2020 and	ل ending	UN 30, 2021	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	• DOG-WIAMI AMPLEX			
	Name chang	Doing business as YES! FOR YOUTH	i	30-01801	33
[Initla! return		Room/suite	E Telephone numbe	
	Final return	1723 WEBSTER STREET	1100111/Julie		5-1874
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,023,626.
	Amen- return	DAYTON, OH 45404		H(a) Is this a group re	
	Application	I F Name and address of principal officer: UURIN MCCUNNELL		for subordinates	
	pondi	1723 WEBSTER STREET, DAYTON, OH 45404		H(b) Are all subordinates in	
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527		list. See instructions
		te: N/A		H(c) Group exemptio	
K	Form of	organization: X Corporation Trust Association Other	L Year		A State of legal domicile: OH
	art I				
_	1	Briefly describe the organization's mission or most significant activities: PROVI	IDE SC	HOOL-TO-CAR	EER JOB
Governance		READINESS PROGRAMS TO AT-RISK YOUTH			
na	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
Ş	3			3	7
		Number of independent voting members of the governing body (Part VI, line 1b)		4	7
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	• • • • • • • • • • • • • • • • • • • •	5	38
itie	6	Total number of volunteers (estimate if necessary)		6	7
<u>`</u>	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ	h	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
_		The state of the s		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		968,124.	1,020,541.
He	9			1,685.	3,085.
Revenue	10	Investment income (Part VIII, Ine 2g)		1,003.	3,083.
Be	11	Other revenue (Part VIII, column (A), lines 5, 4d, 8d, 9d, 10d, and 11e)		42,172.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	·····-	1,011,981.	1,023,626.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,023,626.
				0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		780,679.	
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·····		794,553.
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X	D	Total fundraising expenses (Part IX, column (D), line 25) 10,35	<u> </u>	224 212	167 014
_	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		224,312.	167,914.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,004,991.	962,467.
		Revenue less expenses. Subtract line 18 from line 12		6,990.	61,159.
sets or	1	Total access (Da A.V. Para 40)	Be	ginning of Current Year	End of Year
SSe	g 20	Total assets (Part X, line 16)		122,726.	236,778.
Net Ass	21	Total liabilities (Part X, line 26)		252,260.	305,153.
		Net assets or fund balances. Subtract line 21 from line 20 Signature Block		-129,534.	-68,375.
		ulties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
ii ue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ion preparer	nas any knowledge.	/
Δ.		Signature of officer			12022
Sig		l' i/		Dake /	
He	re	JÖHN MCCONNELL, EXECUTIVE DIRECTOR Type or print name and title			***************************************
_			In	Date Check C	PTIN
D.	a	Print/Type preparer's name Preparer's signature			_
Pai		NICK A. VEATCH, CPA NICK A. VEATCH,	CPA 0	1/13/22 self-employ	
	parer Only	Firm's name FLYNN & COMPANY, INC.		Firm's EIN	31-1451941
USE	Unity	Firm's address 7800 E. KEMPER ROAD CINCINNATI, OH 45249-1614		S E4	2 520 0000
Mar	v the II	RS discuss this return with the preparer shown above? See instructions		[Phone no. 5 1.	3-530-9200
1414	y 411 0 11	to discuss this return with the preparer snown above? See instructions	A		X Yes No

Form 990 (2020)

Total program service expenses

30-0180133 Page 3

4 2 Section 501(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(e)(4) election in effect during the tax year? If "Yes," complete Schedule C, Part III 5 is the organization a section 501(e)(5), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-191 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization export an amount in Part X, line 21, for escrove or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide and/or courseling, doth management, credit repair, or debt regotation services? If "Yes," complete Schedule D, Part IV 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 10 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 If the organization report an amount for investments- other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part VIII 12 Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 14 Did the organization report an amount for other assets in Part X, line 15. that is 5% or more o				Yes	No
2 Is the organization equival to complete Schedule 8, Schedule 9, Contributor? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? #*Yee,** Complete Schedule C, Part #* Section 801(e)(6) organization. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year ## Yee,** Complete Schedule C, Part ## 15 is the organization as estima 501(e)(4), 501(e)(5) or 501(e)(6) organization that movives membership dues, assessments, or similar amounts as defined in Revenue Procedure 981-91 #* Yee,** Complete Schedule C, Part ## 16 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts ## Yee,** Complete Schedule D, Part ## 17 Did the organization maintain collections of works of art, historical treasures, or other similar assest? ## Yee,** Complete Schedule D, Part ## 18 Did the organization maintain collections of works of art, historical treasures, or other similar assest? ## Yee,** Complete Schedule D, Part ## 19 Did the organization insport an amount in Part X, line 21. for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide organization, hold assets in donor-restricted endowments? ## Yee,** Complete Schedule D, Part ## Yee,** Complete Schedule D, Part W. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? ## Yee,** Complete Schedule D, Part W. 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? ## Yee,** Complete Schedule D, Part W. 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? ## Yee,** Complete Schedule D, Part X W. 12 Did the organization report an amount for the histories organization schedule Part X, line 10? ## Yee,** Co	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization engage in direct or indirect orbitals campaing and whites on behalf of or in opposition to candidates for public office? If It'see, 'complete Schedule C, Part II Sections 67(16)(3) organization. Did the organization engage in lobbying activities, or have a section 501th) election in effect during the tax year? If 'Yes, 'complete Schedule C, Part II Sections 67(16)(3) organization. Did the organization engage in lobbying activities, or have a section 501th) election in effect during the tax year? If 'Yes, 'complete Schedule C, Part III Did the organization and the engage of the part of the organization and the part of the organization engage engage in lobbying activities, or have a section 501th) election in effect during the tax year? If 'Yes, 'complete Schedule C, Part III Did the organization and the area of the organization or investment and anomatic in such that or accounts for which donors have the right to provide an organization essement, including essements to preserve open space. The environment, historic land wares, or historic authorizes, or organization enhanced sections of works of art, historical treasures, or other similar assets? If 'Yes, 'complete Schedule D, Part IV' Did the organization anomatic in Part X, ine 21, for secretor or custodial account liability, serve as a custodian for amounts not listed in Part X or provide credit ocurseling, debt management, credit repair, or debt negotiation services? If 'Yes, 'complete Schedule D, Part VII' Did the organization report an amount for investments or other securities in Part X, line 10? If 'Yes, 'complete Schedule D, Part VII' Did the organization report an amount for investments or other securities in Part X, line 10? If 'Yes, 'complete Schedule D, Part VII' Did the organization report an amount for investments in organization in Part X, line 10? If 'Ye		If "Yes," complete Schedule A	1	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offers of "I'ves," completes Schedule C, Part II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? I'ves," completes Schedule C, Part III 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure \$84:97 II'ves," completes Schedule C, Part III 6 Did the organization market any doner advised funds or any similar funds or accounts or which denoes have the right to provide activice on the distribution or investment of amounts in such funds or accounts or which denoes have the right to provide activice on the distribution or investment of amounts in such funds or accounts in the provide activice on the distribution or investment of amounts in such funds or accounts in the provide activities of the complete Schedule D, Part III Did the organization report of old a conservation essement, including assements to preserve one passed to the environment, fistoric land areas, or historic structures II' I'ves," complete Schedule D, Part III Did the organization report an amount in Part X. line 21 for secrors or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counsaing, debt management, credit repair, or debt negotiation services? If I'ves," complete Schedule D, Part V If I'ves, "complete Schedule D, Part V If I'ves, "complete Schedule D, Part V If I'ves as supplicable. Did the organization report an amount for lend, buildings, and equipment in Part X, line 10? I'ves," complete Schedule D, Part V W Did the organization report an amount for other lands in the part X, line 12. I was asset reported in Part X, line 16? I'ves," complete Schedule D, Part V W Did the organization report an amount for other lands in the	2		2	X	
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4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(e)(4) election in effect during the two year? If "Yes," complete Schedule C, Part II . 5 Is the organization assection 501(e)(4), 501(e)(5), or 501(e)(6), or 501(e)(6), or 501(e)(6), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceeding 89.197 if "Yes," complete Schedule C, Part III . 5 Did the organization maintain any donor advised funds or any similar funds or accounts? if "Yes," complete Schedule D, Part II . 7 Did the organization receives or hold a conservation easement, including assements to preserve open papec, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III . 8 Did the organization and included a conservation of the similar assets? If "Yes," complete Schedule D, Part III . 9 Did the organization of Part X. In 21. for escrov or custodial account liability, serve as a custodian for amounts not listed in Part X. In Part IV . 10 Did the organization export an amount in Part X. In 21. for escrov or custodial account liability, serve as a custodian for amounts not listed in Part X. In Part IV . 10 Did the organization shapes to any of the following questions is "Yes," then complete Schedule D, Part VI . 11 If the organization shapes to any of the following questions is "Yes," then complete Schedule D, Part VI . 12 Did the organization report an amount for investments—other securities in Part X. Ine 10? If "Yes," complete Schedule D, Part VI . 12 Did the organization report an amount for investments—other securities in Part X. Ine 12; that is 5% or more of its total assets reported in Part X. Ine 16? If "Yes," complete Schedule D, Part VI . 13 Did the organization report an amount for investments—program related in Part X. Ine 16? If "Yes," complete Schedule D, Part X III . 14 Did the organization report an amount for investments program related in Part X. Ine 16? If "Y			3		X
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5 is the organization a section 501(p(ls), 501(p(ls), or 501(p(ls) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-197 //*Yes, "complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts?" // "Yes," complete Schedule D, Part II Did the organization receive hold a conservation easement, including easements to preserve open paped. The environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part III Did the organization maintain collections of volves of art, historical treasures, or detail series reliant assets? // "Yes," complete Schedule D, Part III Did the organization maintain collections of volves of art, historical treasures, or detail series reliant assets? // "Yes," complete Schedule D, Part III Did the organization or amounts not listed in Part X, sine 21, for escroy or custodial account lishifty, serie as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? // "Yes," complete Schedule D, Part VIII Did the organization export or any of the following questions is "Yes," then complete Schedule D, Part VII II II the organization export an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VIII II II the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VIII II II Did the organization report an amount for investments - program related in Part X, line 15? // "Yes," complete Schedule D, Part VIII II II Did the organization report an amount for investments - program related in Part X, line 15? // "Yes," complete Schedule D, Part VII II II Did the organization report an amount for other assets in Part X, line 16; "Yes," complete Schedule D, Part X II I			4		X
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Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization service yor through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V II If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI II Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VII II Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VII II Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VII II Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X II Did the organization organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization answered "No" to line 12, then completing Schedule D, Part X II and IV II Did the	8				
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foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines to and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			T
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or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	16				
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			16		x
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	17		"	<u> </u>	
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			17		x
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Z b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	18		Ė		T
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			18		x
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Z b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Z 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	-		19		х
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b	20a		20a		Х
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Trible has the date of the first the state of the state o	20b		
domestic government on Part IX, column (A), line 1? /f "Yes." complete Schedule I. Parts I and II	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form	990 (2020) JOG-MIAMI VALLEY 30-0180 I V Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u>133</u>	P	age 5
	(continued)			T
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 38		Yes	No
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	. Salahan Sala
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	ASSESSED IN	20050000
32	Did the suppliestion become constituted by the suppliest of the suppliest	3a		X
	If "Vee " bon it filed a Ferm 000 T fauthin years (4 ").	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?			x
h	If "Yes," enter the name of the foreign country	4a	-8850794RSH:	24909000
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52	387-malli-manuscrimation and control of the control	A LOS ALLEGAN	A STATE OF THE STATE OF	v v
b	was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
		5b		
62	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Ud	and the second of the second o			x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
		۱		
7		6b	unodvirosejir.	
	Organizations that may receive deductible contributions under section 170(c).	.4200ES	<i>Optional</i>	
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		٦,
	to file Form 8282?	7c	-0.000	X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	333414		BUSSEE
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u></u>	ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	.0000000		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		A SALAR SALA	HAROL.
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	20000000000	
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)			10000000
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	and the state	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	A00000000	4,600,000	SHARES
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	e a serve la susce	
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c			TU TU
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization 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? If "Yes," see instructions and file Form 4720, Schedule N.	15	450000000	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		Section (Section)	~
	If "Yes," complete Form 4720, Schedule Q.	16	-0509(town	<u> </u>
		99 m (892	Majaria.	2000

JOG-MIAMI VALLEY 30-0180133 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Х b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nφ 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply, Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JOHN MCCONNELL - (937) 275-1874

1723 WEBSTER STREET, DAYTON, OH

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Chack this have it noither the averagination and accomplated

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)				D)			(D)	(E)	(F)	
Name and title	Average	l p						Reportable	(E) Reportable	(F) Estimated	
	hours per	(do not check more than one box, unless person is both an				than d	סחס ממי	compensation	compensation	amount of	
	week	offi	cor an	dad	irecto	r/trus	teo)	from	from related	amount of other	
	(list any	ş				"		the	organizations	compensation	
	hours for	P. P.				2		organization	(W-2/1099-MISC)	from the	
	related	tea 0	ustee			25		(W-2/1099-MISC)		organization	
	organizations	ğ	n Fa		eako	E E				and related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) JOHN MCCONNELL	line) 40.00	Ē	Ë	\$	×.	₹2	ē				
EXECUTIVE DIRECTOR	40.00			₹.				66 007	_	•	
(2) JULIETTE DRAINE	1.00	-		Х				66,097.	0.	0.	
CHAIRPERSON	1.00	x		٦,					_	•	
(3) GIL WILLIAMS	1.00	<u> </u>		Х		-		0.	0.	0.	
CHAIR ELECT	1.00	ļ.,		٠,,				_	_	•	
(4) JULIE HATCH	1 00	X		Х	-			0.	0.	0.	
SECRETARY	1.00	x		7.						•	
(5) ELLEN DUDLEY	1.00	<u> </u>		X				0.	0.	0.	
TREASURER	1.00	x		x				_		0	
(6) LEISA GOODE	1.00	₽	\vdash			ļ i		0.	0.	0.	
BOARD MEMBER	1.00	x						0.	0.	0.	
(7) CURTIS ROY	1.00				\vdash	-		0.	0.1	0.	
BOARD MEMBER	2.00	x						0.	0.	0.	
(8) CLEVELAND MCCALISTER	1.00				\vdash	-				•	
BOARD MEMBER		x						0.	0.	0.	
	-1					1					

<u> </u>											
]					
	_				-						

SCHEDULE A

Department of the Treggury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Name of the organization Employer identification number JOG-MIAMI VALLEY 30-0180133 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 L An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing documen (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 JOG-MIAMI VALLEY 30-0180 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support			***************************************	•		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and					1-7	
	membership fees received. (Do not						
	include any "unusual grants.")	1240283.	1125680.	988,348.	968,124.	1020541.	5342976.
2	Tax revenues levied for the organ-			****	<u> </u>		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1240283.	1125680.	988,348.	968,124.	1020541.	5342976.
	The portion of total contributions	A College State of the College	\$74000 Wassesselven 199		500,2520	2020012	3342370.
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	0.500.000					
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.				80000000000000000000000000000000000000		5342976.
	ction B. Total Support			I control to the cont			3342970.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(*) 2020	(6) Total
	Amounts from line 4	1240283.	1125680.	988,348.	968,124.	(e) 2020 1020541.	(f) Total 5342976.
	Gross income from interest.		22230001	300,340.	200,124.	1020341.	JJ#4J/0:
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
٩	Net income from unrelated business			***************************************			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						<u></u>
	or loss from the sale of capital						
	assets (Explain in Part VI.)	40,124.	31,515.	34,933.	42,172.		140 744
11		40,124	<u> </u>	34,233.	40,1/4.		148,744. 5491720.
	Gross receipts from related activities,	ete (see instructio				امد	72,457.
	First 5 years. If the Form 990 is for the	*	,	in with an Eith tow.		12	12,437.
10	organization, check this box and stor	_		-		, , , ,	
Sec	ction C. Computation of Publi		centage				P
	Public support percentage for 2020 (I			olumn (fl)	·····	14	97.29 %
	Public support percentage from 2019					15	96.75 %
	33 1/3% support test - 2020. If the						
	stop here. The organization qualifies					ore, check this box	F==
ŀ	33 1/3% support test - 2019. If the						
	and stop here. The organization qual						. —
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te				!		
1-	10% -facts-and-circumstances test	_	•		•	Zo and line 15 is 1	
							U% OF
	more, and if the organization meets the organization meets the facts-and-circu						
12	Private foundation. If the organization						~
_10	Fivate foundation. If the organization	in did not check a :	DONOTHINE TO, 100	a, 100, 1721, 07 1/0		nd see instructions	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that			***************************************	***********		
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	an area and all a silver but all						
5	The value of services or facilities						
J	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and	1					
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
8_	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ⊳	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,	1					
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income	V					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital]	
40	assets (Explain in Part VI.)						
	Total support. (Add Ilnos 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	
		is Compart Day					
	ction C. Computation of Publ					I I	
	Public support percentage for 2020 (•	column (f))		15	%
_	Public support percentage from 2019					16	%
	ction D. Computation of Inves		7.1			T E	
17						17	
	Investment income percentage from					18	%
192	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						▶□
t	33 1/3% support tests - 2019. If the						d
	fine 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	▶∟

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? /f "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	dule A (Form 990 or 990-EZ) 2020 JOG-MIAMI VAL	LEY		3	0-0180133 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
_4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	"
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	<u></u>		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	15	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				GEOGRAFIA GEORGE
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i_	Remainder, Subtract lines 3g, 3h, and 3i from line 3f,				
4	Distributions for 2020 from Section D,		1000 450 100		
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016			500000000	
	Excess from 2017			www.iios	
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
<u>~</u>		• · · · · · · · · · · · · · · · · · · ·		our morting in	Here was a managed as well as the end of the

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 JOG-MIAMI VALLEY	30-0180133	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	7a or 17b; Part III, line 12; les 1 and 2; Part IV, Section (lart V. Section B. line 1e; Part),
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		······································	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization Employer identification number JOG-MIAMI VALLEY 30-0180133 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______ > \$___ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

JOG-MIAMI VALLEY

30-0180133

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 4 Name of organization Employer identification number JOG-MIAMI VALLEY 30-0180133 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part ill, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info, ence.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JOG-MIAMI VALLEY

Employer identification number 30-0180133

	organization answered "Yes" on Form 990, Part IV, line	The state of the s	
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	2000	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	risors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or o	lonor advisor, or for any other purpose c	onferring
	impermissible private benefit?		Yes No
Pa	TII Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of a	a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
c	Number of conservation easements on a certified historic structure	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired after	er 7/25/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the o	organization during the tax
	year ▶	, , , , , , , , , , , , , , , , , , , ,	and the same of th
4	Number of states where property subject to conservation easer	ment is located ▶	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it he		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		rvation easements during the year
	>	3	ration outsine during the your
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation	on easements during the year
	▶ \$	5	on substitution during the year
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170(b)	(4\/B\/i\
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense st	tatement and
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial statemen	its that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 99		
1a	If the organization elected, as permitted under FASB ASC 958,		d halance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition education or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its financial	al statements that describes these items	ristation of papilo
b	If the organization elected, as permitted under FASB ASC 958,		
	art, historical treasures, or other similar assets held for public ex	chibition education or research in further	roppo of public acciden
	provide the following amounts relating to these items:	distriction, education, or research in further	rance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		•
2	If the organization received or held works of art, historical treasu	uras ar other similar appets for firm sid a	* \$
-	the following amounts required to be reported under FASB ASC	1958 relating to those them.	jain, provide
а	Dec. 1 1 1 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		. .
	Assets included in Form 900. Part V		> \$

Form **8868**

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

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

Contrac	cts, for which an extension request must be sent to the IR:	S in paper	format (see instructions). For more de	tails on	the electronic		
ming of	this form, visit www.irs.gov/e-file-providers/e-file-for-char-	ities-and-r	on-profits.				
Autor	matic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
	porations required to file an income tax return other than Fo			BEMIC	s and trusts		
must u	se Form 7004 to request an extension of time to file incom	e tax retur	ns.	, 1 (214)	5, 410 (10515		
Type or Name of exempt organization or other filer, see instructions. Taxpayer identification							
File by the	JOG-MIAMI VALLEY	·			30-018013	33	
due date f filing your return. Se	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.				
Instruction	V	oreign add	ress, see instructions.		- Marie - Mari		
Enter th	ne Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applica		Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)	***************************************		07	
Form 9	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227	*****	******	10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		·.·	11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Tele If the	JOHN MCCONNELL books are in the care of ▶ 1723 WEBSTER ST phone No. ▶ (937) 275-1874 error and the companization does not have an office or place of business s is for a Group Return, enter the organization's four digit of the companization. If it is for part of the group, check this box ▶	in the Un	Fax No. ited States, check this box	this is fo	r the whole group, o	check this	
th	1 I request an automatic 6-month extension of time until MAY 16, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ □ calendar year or ▶ ☒ tax year beginning JUL 1, 2020 , and ending JUN 30, 2021 .						
	Change in accounting period						
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less				
	ny nonrefundable credits. See instructions.	···········	***************************************	3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069					_	
<u>e:</u>	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	36	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa					_	
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Cautior instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct deb	oit) with this Form 8868, see Form 845	3-EO an	d Form 8879-EO for	payment	

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

LHA