

For calendar year **2025** or tax year beginning , and ending

Name of foundation DCM FOUNDATION				A Employer identification number 82-3562019	
Number and street (or P.O. box number if mail is not delivered to street address) 7826 KATE BROWN DRIVE			Room/suite	B Telephone number 614-205-0600	
City or town DUBLIN	State or province OH	Country	ZIP or foreign postal code 43017	C If exemption application is pending, check here ... <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change				D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation				E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 424,733.		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input checked="" type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	673,366.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	10,152.	10,152.	10,152.	STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain			0.	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	2,908.	0.	2,908.	STATEMENT 2	
12 Total. Add lines 1 through 11	686,426.	10,152.	13,060.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	105,000.	0.	0.	105,000.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 3	10,093.	0.	0.	10,093.
	b Accounting fees STMT 4	10,407.	1,040.	0.	9,367.
	c Other professional fees STMT 5	42,784.	0.	13,060.	29,724.
	17 Interest				
	18 Taxes STMT 6	8,464.	0.	0.	8,365.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	26,905.	0.	0.	26,905.
	22 Printing and publications				
	23 Other expenses STMT 7	293,879.	0.	0.	293,879.
	24 Total operating and administrative expenses. Add lines 13 through 23	497,532.	1,040.	13,060.	483,333.
	25 Contributions, gifts, grants paid	90,250.			90,250.
26 Total expenses and disbursements. Add lines 24 and 25	587,782.	1,040.	13,060.	573,583.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	98,644.				
b Net investment income (if negative, enter -0-)		9,112.			
c Adjusted net income (if negative, enter -0-)			0.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book value	(b) Book value	(c) Fair market value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	326,128.	424,733.	424,733.
	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			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	326,128.	424,733.	424,733.	
Liabilities	17 Accounts payable and accrued expenses	39.		
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe			
23 Total liabilities (add lines 17 through 22)	39.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0.	0.	
27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
28 Retained earnings, accumulated income, endowment, or other funds	326,089.	424,733.		
29 Total net assets or fund balances	326,089.	424,733.		
30 Total liabilities and net assets/fund balances	326,128.	424,733.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, line 29, column (a) (must agree with end-of-year figure reported on prior year's return)	1	326,089.
2 Enter amount from Part I, line 27a	2	98,644.
3 Other increases not included on line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	424,733.
5 Decreases not included on line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, line 29, column (b)	6	424,733.

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	NONE			
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.			(l) 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 on Part I, line 7 If (loss), enter -0- on 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- on 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	127.
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, column (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	127.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	127.
6	Credits/Payments:		
a	2025 estimated tax payments and 2024 overpayment credited to 2025	6a	0.
b	Exempt foreign organizations - tax withheld at source	6b	0.
c	Tax paid with application for extension of time to file (Form 8868)	6c	0.
d	Backup withholding erroneously withheld	6d	0.
7	Total credits and payments. Add lines 6a through 6d	7	0.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	127.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2026 estimated tax _____ Refunded ...	11	
For Refunded amount, also complete and attach Form 8050. See instructions.			

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
4b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by General Instruction T.		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • 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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <u>OH, CA</u>		
8b 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 General Instruction G? If "No," attach explanation		X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2025 or the tax year beginning in 2025? See the instructions for Part XIII. If "Yes," complete Part XIII	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address <u>N/A</u>		
14 The books are in care of <u>GREG RUF</u> Telephone no. <u>614-205-0600</u> Located at <u>7826 KATE BROWN DRIVE, DUBLIN, OH</u> ZIP+4 <u>43017</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2025, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

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.

Table with 3 columns: Question, Yes, No. Rows include 1a(1) through 1a(6), 1b, 1d, 2a, 2b, 3a, 3b, 4a, 4b with 'X' marks in the Yes or No columns.

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

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		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 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	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		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.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		105,000.	0.	0.

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NIKKI BUTLER DESIGN, LLC 9 PAINTERS XING, WILLIAMSTOWN, WV 26187	ADVERTISING	124,500.
Total number of others receiving over \$50,000 for professional services		0

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 11	573,583.
2 	
3 	
4 	

Part VIII-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2 	
3 All other program-related investments. See instructions.	
Total. Add lines 1 through 3	0.

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	0.
b	Average of monthly cash balances	1b	360,279.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	360,279.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	360,279.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	5,404.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	354,875.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	17,744.

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	
2a	Tax on investment income for 2025 from Part V, line 5	2a	
b	Income tax for 2025. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	

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, line 26, column (d)	1a	573,583.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	573,583.

Form 990-PF (2025)

Part XII Undistributed Income (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2024	(c) 2024	(d) 2025
1 Distributable amount for 2025 from Part X, line 7				
2 Undistributed income, if any, as of the end of 2025:				
a Enter amount for 2024 only				
b Total for prior years:				
3 Excess distributions carryover, if any, to 2025:				
a From 2020				
b From 2021				
c From 2022				
d From 2023				
e From 2024				
f Total of lines 3a through 3e				
4 Qualifying distributions for 2025 from Part XI, line 4: \$				
a Applied to 2024, but not more than line 2a ...				
b Applied to undistributed income of prior years (Election required - see instructions) ...				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2025 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2025 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2024. Subtract line 4a from line 2a. Taxable amount - see instr. ...				
f Undistributed income for 2025. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2026				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2020 not applied on line 5 or line 7				
9 Excess distributions carryover to 2026. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2021 ...				
b Excess from 2022 ...				
c Excess from 2023 ...				
d Excess from 2024 ...				
e Excess from 2025 ...				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2025, enter the date of the ruling 11/25/17

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		Prior 3 years		(e) Total
	(a) 2025	(b) 2024	(c) 2023	(d) 2022	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	0.	0.	5,797.	2,065.	7,862.
b 85% (0.85) of line 2a	0.	0.	4,927.	1,755.	6,683.
c Qualifying distributions from Part XI, line 4, for each year listed	573,583.	424,316.	496,849.	231,235.	1,725,983.
d Amounts included on line 2c not used directly for active conduct of exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	573,583.	424,316.	496,849.	231,235.	1,725,983.
3 Complete 3a, 3b, or 3c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets	424,733.	326,128.	265,644.	228,445.	1,244,950.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown on Part IX, line 6, for each year listed	11,829.	9,895.	3,865.	4,777.	30,366.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from an exempt organization					0.
(4) Gross investment income					0.

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).)

GREGORY A. RUF

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.

NONE

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, 2b, 2c, and 2d.

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

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

c Any submission deadlines:

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	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
DANON FOUNDATION 10 LINCOLN PLACE, BOX 673 MADISON, NJ 07940	NONE	PC	PROGRAM SUPPORT	1,250.
HEART CHARGED 19800 SW 87TH AVE CUTLER BAY, FL 33157	NONE	PC	PROGRAM SUPPORT	30,000.
LMNA FOUNDATION 101 TILLESSEN BLVD RIDGEWAY, SC 29130	NONE	PC	PROGRAM SUPPORT	27,750.
MENDED HEARTS 1579 US HIGHWAY 19 S LEESBURG, GA 31763	NONE	PC	PROGRAM SUPPORT	11,250.
PLN HEART FOUNDATION 2834 TALL OAK TRAIL WARSAW, IN 46582	NONE	PC	PROGRAM SUPPORT	2,500.
Total	SEE CONTINUATION SHEET(S)			90,250.
b Approved for future payment				
NONE				
Total				0.

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
PPCM FUND INC 23777 MULHOLLAND HWY SPC 187 CALABASAS, CA 91302	NONE	PC	PROGRAM SUPPORT	1,250.
THE SUDDEN ARRHYTHMIA DEATH SYNDROMES FOUNDATION 4527 S 2300 E STE 104 SALT LAKE CITY, UT 84117	NONE	PC	PROGRAM SUPPORT	11,250.
TEAM TITIN PO BOX 794 PINE BROOK, NJ 07058	NONE	PC	PROGRAM SUPPORT	1,250.
WOMENHEART 712 H STREET, NE STE. 2201 WASHINGTON, DC 20002	NONE	PC	PROGRAM SUPPORT	3,750.
Total from continuation sheets				17,500.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

DCM FOUNDATION

Employer identification number

82-3562019

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (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

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), 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), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization DCM FOUNDATION	Employer identification number 82-3562019
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>AFFINIA THERAPEUTICS INC.</u> <u>43 FOUNDRY AVE SUITE 120</u> <u>WALTHAM, MA 02453</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>ASKLEPIOS BIOPHARMACEUTICAL, INC</u> <u>20 T.W. ALEXANDER DRIVE, SUITE 110</u> <u>DURHAM, NC 27713</u>	\$ <u>32,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>ASTRA ZENECA</u> <u>1800 CONCORD PIKE</u> <u>WILMINGTON, DE 19803</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>AVIDITY BIOSCIENCES INC</u> <u>3020 CALLAN RD</u> <u>SAN DIEGO, CA 92121</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>BOEING</u> <u>2600 PARAMOUNT PL # 400</u> <u>FAIRBORN, OH 45324</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>BRISTOL MYERS SQUIBB</u> <u>345 PARK AVENUE</u> <u>NEW YORK, NY 10154</u>	\$ <u>98,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DCM FOUNDATION	Employer identification number 82-3562019
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CYTOKINETICS 350 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	EDGEWISE THERAPEUTICS 1715 38TH ST. BOULDER, CO 80301	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	GREG LULL 7826 KATE BROWN DRIVE DUBLIN, OH 43017	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	JOHN COLEMAN 7826 KATE BROWN DRIVE DUBLIN, OH 43017	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	KARDIGAN, INC 131 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	KATHY CRISPELL 11358 SE HIGHLAND LOOP CLACKAMAS, OR 97015	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DCM FOUNDATION	Employer identification number 82-3562019
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	LANCE MURPHY 11906 LAURIE LANE HOUSTON, TX 77024	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	LEXEO 345 PARK AVENUE NEW YORK, NY 10010	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	NUEVOCOR 1 BIOPOLIS DRIVE #05-01 AMNIOS, SINGAPORE 138622	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	PROLAIO 230 W MONROE ST, CHICAGO CHICAGO, IL 60606	\$ 40,574.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	ROCKET PHARMACEUTICALS, INC. 9 CEDARBROOK DRIVE CRANBURY, NJ 08512	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	RYAN SIMMONS 151 CALLE DE SAN FRANCISCO SUITE 200 SAN JUAN, PR 00901	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DCM FOUNDATION	Employer identification number 82-3562019
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<u>SANGUINE BIOSCIENCES, INC.</u> <u>3030 BUNKER HILL ST SUITE 119</u> <u>SAN DIEGO, CA 92109</u>	\$ <u>17,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<u>SMITA TRIVEDI & AKASH JAIN</u> <u>7826 KATE BROWN DRIVE</u> <u>DUBLIN, OH 43017</u>	\$ <u>6,002.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<u>SOLID BIOSCIENCE</u> <u>500 RUTHERFORD AVE 3RD FLOOR</u> <u>CHARLESTOWN, MA 02129</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<u>TENAYA THERAPEUTICS</u> <u>171 OYSTER POINT BLVD, STE 500</u> <u>SOUTH SAN FRANCISCO, CA 94080</u>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<u>THE AMERICAN ONLINE GIVING FOUNDATION, INC. (AOGF)</u> <u>40 E MAIN ST STE 887</u> <u>NEWARK, DE 19711</u>	\$ <u>7,647.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DCM FOUNDATION	Employer identification number 82-3562019
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization DCM FOUNDATION	Employer identification number 82-3562019
---	---

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 III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
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	

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES			STATEMENT 1	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
NW MUTUAL	10,152.	0.	10,152.	10,152.	10,152.
TO PART I, LINE 4	10,152.	0.	10,152.	10,152.	10,152.

FORM 990-PF	OTHER INCOME			STATEMENT 2	
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME		
CONSULTING REVENUE	2,908.	0.	2,908.		
TOTAL TO FORM 990-PF, PART I, LINE 11	2,908.	0.	2,908.		

FORM 990-PF	LEGAL FEES			STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	10,093.	0.	0.	10,093.	
TO FM 990-PF, PG 1, LN 16A	10,093.	0.	0.	10,093.	

FORM 990-PF	ACCOUNTING FEES			STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING	10,407.	1,040.	0.	9,367.	
TO FORM 990-PF, PG 1, LN 16B	10,407.	1,040.	0.	9,367.	

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	42,784.	0.	13,060.	29,724.
TO FORM 990-PF, PG 1, LN 16C	42,784.	0.	13,060.	29,724.

FORM 990-PF	TAXES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	8,010.	0.	0.	8,010.
FEDERAL TAXES	99.	0.	0.	0.
STATE FILING FEES	355.	0.	0.	355.
TO FORM 990-PF, PG 1, LN 18	8,464.	0.	0.	8,365.

FORM 990-PF	OTHER EXPENSES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING EXP	266,080.	0.	0.	266,080.
INSURANCE	812.	0.	0.	812.
OFFICE EXPENSES	26,987.	0.	0.	26,987.
TO FORM 990-PF, PG 1, LN 23	293,879.	0.	0.	293,879.

FORM 990-PF	EXPLANATION CONCERNING PART VI-A, LINE 8B	STATEMENT 8
-------------	---	-------------

EXPLANATION

THE OHIO ATTORNEY GENERAL OFFICE DOES NOT REQUIRE A COPY OF THE FEDERAL RETURN TO BE PROVIDED WITH THE ANNUAL FILING OF THE OHIO ATTORNEY GENERAL REPORT.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VI-A, LINE 10

STATEMENT 9

NAME OF CONTRIBUTOR

ADDRESS

NUEVOCOR PTE. LTD

1 BIOPOLIS DR #05-01
AMNIOS, SINGAPORE 138622

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GREGORY A. RUF 7826 KATE BROWN DRIVE DUBLIN, OH 43017	PRESIDENT 40.00	105,000.	0.	0.
RAY E. HERSHBERGER 2425 MARBLEVISTA BLVD. COLUMBUS, OH 43204	SECRETARY 1.00	0.	0.	0.
GREGORY L. HERSHBERGER 5815 SHADOW LANE LINCOLN, NE 68516	TREASURER 1.00	0.	0.	0.
KATHY CRISPELL 311 RED TAIL RIDGE RD COLFAX, WA 99111	VICE PRESIDENT 1.00	0.	0.	0.
ANA MORALES 936 VERNON ROAD COLUMBUS, OH 43209	BOARD MEMBER 1.00	0.	0.	0.
BO NEMELKA 617 N. CHESTNUT BLVD BRANDON, SD 57005	BOARD MEMBER 1.00	0.	0.	0.
BECKY GRACIANO 5331 GOLDEN GATE AVE OAKLAND, CA 94618	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		105,000.	0.	0.

ACTIVITY ONE

DCM FOUNDATION PROVIDES EDUCATION ON DILATED CARDIOMYOPATHY THROUGH REGULAR WEBINARS, GENETICS AND TESTING, AND PROVIDING PATIENT SUPPORT NETWORKS. THE ORGANIZATION'S WEBSITE IS DCMFOUNDATION.ORG AND CONTAINS ADDITIONAL RESOURCES AND INFORMATION ON LIVING WITH DCM.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 1

573,583.

California Exempt Organization Annual Information Return

Calendar Year 2025 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name
DCM FOUNDATION

California corporation number
0298450

Additional information. See instructions.

FEIN
82-3562019

Street address (suite or room)
7826 KATE BROWN DRIVE

PMB no.

City
DUBLIN

State
OH

ZIP code
43017

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First return Yes No
- B** Amended return Yes No
- C** IRC Section 4947(a)(1) trust Yes No
- D** Final information return?
 - Dissolved Surrendered (Withdrawn) Merged/Reorganized
 - Enter date: (mm/dd/yyyy) _____
- E** Check accounting method: (1) Cash (2) Accrual (3) Other
- F** Federal return filed? (1) 990T (2) 990PF
(3) Sch H (990) (4) Other 990 series
- G** Is this a group filing? See instructions Yes No
- H** Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
- K** Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____
- L** Is the organization a limited liability company? Yes No
- M** Did the organization file Form 100 or Form 109 to report taxable income? Yes No
- N** Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- O** Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	13,060	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	673,366	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	686,426	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	686,426	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	587,782	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	98,644	00
Payments	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

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.

Sign Here
Signature of officer **PRESIDENT** Title
Date _____ Date
Telephone **614-205-0600**

Paid Preparer's Use Only
Preparer's name **JANE E. PFEIFER**
Date **03/31/26**
Check if self-employed

Preparer's signature _____ PTIN **P00014949**

Firm's name (or yours, if self-employed) and address **CLARK, SCHAEFER, HACKETT & CO.**
4449 EASTON WAY, SUITE 400
COLUMBUS, OH 43219
Firm's FEIN **31-0800053**
Telephone **614-885-2208**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

528951 01-22-26

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2		00	
	3	Dividends	•	3	10,152	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income. Attach schedule	•	7	SEE STATEMENT 2	2,908 00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8		13,060 00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9		90,250 00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11	SEE STATEMENT 3	105,000 00	
	12	Other salaries and wages	•	12		00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14		8,464 00
		15	Rents	•	15		00
		16	Depreciation and depletion (See instructions)	•	16		00
		17	Other expenses and disbursements. Attach schedule	•	17	SEE STATEMENT 4	384,068 00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18		587,782 00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		326,128	•	424,733
2 Net accounts receivable			•	
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments. Attach schedule			•	
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land			•	
12 Other assets. Attach schedule			•	
13 Total assets		326,128		424,733
Liabilities and net worth				
14 Accounts payable		39	•	
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		326,089	•	424,733
22 Total liabilities and net worth		326,128		424,733

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	98,644	7	Income recorded on books this year not included in this return. Attach schedule	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6		98,644
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5		98,644				

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AFFINIA THERAPEUTICS INC.	43 FOUNDRY AVE SUITE 120 WALTHAM, MA 02453		25,000.
ASKLEPIOS BIOPHARMACEUTICAL, INC	20 T.W. ALEXANDER DRIVE, SUITE 110 DURHAM, NC 27713		32,500.
ASTRA ZENECA	1800 CONCORD PIKE WILMINGTON, DE 19803		25,000.
AVIDITY BIOSCIENCES INC	3020 CALLAN RD SAN DIEGO, CA 92121		25,000.
BOEING	2600 PARAMOUNT PL # 400 FAIRBORN, OH 45324		5,000.
BRISTOL MYERS SQUIBB	345 PARK AVENUE NEW YORK, NY 10154		98,200.
CYTOKINETICS	350 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		15,000.
EDGEWISE THERAPEUTICS	1715 38TH ST. BOULDER, CO 80301		15,000.
GREG LULL	7826 KATE BROWN DRIVE DUBLIN, OH 43017		15,000.
JOHN COLEMAN	7826 KATE BROWN DRIVE DUBLIN, OH 43017		12,500.
KARDIGAN, INC	131 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		50,000.
KATHY CRISPELL	11358 SE HIGHLAND LOOP CLACKAMAS, OR 97015		25,000.
LANCE MURPHY	11906 LAURIE LANE HOUSTON, TX 77024		5,000.
LEXEO	345 PARK AVENUE NEW YORK, NY 10010		50,000.

DCM FOUNDATION

82-3562019

NUEVOCOR	1 BIOPOLIS DRIVE #05-01 AMNIOS SINGAPORE 138622	60,000.
PROLAIO	230 W MONROE ST, CHICAGO CHICAGO, IL 60606	40,574.
ROCKET PHARMACEUTICALS, INC.	9 CEDARBROOK DRIVE CRANBURY, NJ 08512	25,000.
RYAN SIMMONS	151 CALLE DE SAN FRANCISCO SUITE 200 SAN JUAN, PR 00901	20,000.
SANGUINE BIOSCIENCES, INC.	3030 BUNKER HILL ST SUITE 119 SAN DIEGO, CA 92109	17,500.
SMITA TRIVEDI & AKASH JAIN	7826 KATE BROWN DRIVE DUBLIN, OH 43017	6,002.
SOLID BIOSCIENCE	500 RUTHERFORD AVE 3RD FLOOR CHARLESTOWN, MA 02129	15,000.
TENAYA THERAPEUTICS	171 OYSTER POINT BLVD, STE 500 SOUTH SAN FRANCISCO, CA 94080	7,500.
THE AMERICAN ONLINE GIVING FOUNDATION, INC. (AOGF)	40 E MAIN ST STE 887 NEWARK, DE 19711	7,647.
TOTAL INCLUDED ON LINE 3		<u><u>597,423.</u></u>

CA 199	OTHER INCOME	STATEMENT 2
<u>DESCRIPTION</u>		<u>AMOUNT</u>
CONSULTING REVENUE		2,908.
TOTAL TO FORM 199, PART II, LINE 7		<u><u>2,908.</u></u>

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
GREGORY A. RUF 7826 KATE BROWN DRIVE DUBLIN, OH 43017	PRESIDENT 40.00	105,000.
RAY E. HERSHBERGER 2425 MARBLEVISTA BLVD. COLUMBUS, OH 43204	SECRETARY 1.00	0.
GREGORY L. HERSHBERGER 5815 SHADOW LANE LINCOLN, NE 68516	TREASURER 1.00	0.
KATHY CRISPELL 311 RED TAIL RIDGE RD COLFAX, WA 99111	VICE PRESIDENT 1.00	0.
ANA MORALES 936 VERNON ROAD COLUMBUS, OH 43209	BOARD MEMBER 1.00	0.
BO NEMELKA 617 N. CHESTNUT BLVD BRANDON, SD 57005	BOARD MEMBER 1.00	0.
BECKY GRACIANO 5331 GOLDEN GATE AVE OAKLAND, CA 94618	BOARD MEMBER 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<hr/> 105,000. <hr/>

CA 199

OTHER EXPENSES

STATEMENT 4

DESCRIPTION

AMOUNT

LEGAL FEES	10,093.
ACCOUNTING FEES	10,407.
OTHER PROFESSIONAL FEES	42,784.
TRAVEL, CONFERENCES, AND MEETINGS	26,905.
ADVERTISING EXP	266,080.
INSURANCE	812.
OFFICE EXPENSES	26,987.
TOTAL TO FORM 199, PART II, LINE 17	384,068.

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

DCM FOUNDATION

Name of Organization

List all DBAs and names the organization uses or has used

7826 KATE BROWN DRIVE

Address (Number and Street)

DUBLIN, OH 43017

City or Town, State, and ZIP Code

614-205-0600

Telephone Number

GRUF@DCMFOUNDATION.ORG

E-mail Address

Check if:

- Change of address
 Amended report
 Organization requests email notifications

State Charity Registration Number 0298450

Corporation or Organization No. 0298450

Federal Employer ID No. 82-3562019

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2025 ending 12/31/2025) list:

Total Revenue (including noncash contributions) \$ 686,426 Noncash Contributions \$ 0 Total Assets \$ 424,733
Program Expenses \$ 573,583 Total Expenses \$ 587,782

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

GREG RUF

PRESIDENT

Signature of Authorized Agent

Printed Name

Title

Date