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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

COMMUNITY FOUNDATIONS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

1234 EAST BROAD STREET

Room/suite

City or town, state or country, and ZIP + 4

COLUMBUS, OH 432051405

F Name and address of principal officer

RAYMOND J BIDDISCOMBE

1234 EAST BROAD STREET

COLUMBUS, OH 432051405

D Employer identification number

31-1197385

E Telephone number

(614) 251-4000

G Gross receipts \$ 25,945,399

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

N/A

L Year of formation

1987

M State of legal domicile

OH

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities THIS FOUNDATION ASSISTS OTHERS IN IMPROVING THE COMMUNITY FOR THE BENEFIT OF ALL ITS CITIZENS		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
Revenue	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	19,316,204	1,776,449
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	992,872	1,513,662
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-2,389	3,122
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	20,306,687	2,941,273
	14	Benefits paid to or for members (Part IX, column (A), line 4)		4,578,250
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 102,527	0	0
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	304,740	430,422
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,246,013	5,008,672
	19	Revenue less expenses Subtract line 18 from line 12	17,060,674	-1,715,439
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	52,230,808	50,074,009
	21	Total liabilities (Part X, line 26)	387,222	869,214
	22	Net assets or fund balances Subtract line 21 from line 20	51,843,586	49,204,795

Part II

Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

RAYMOND J BIDDISCOMBE VP

2012-10-23

Date

Paid Preparer's Use Only

Preparer's signature

TJ CONGER CPA

Firm's name (or yours if self-employed), address, and ZIP + 4

JOHN GERLACH & COMPANY

37 WEST BROAD STREET

COLUMBUS, OH 43215

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

P00068140

EIN

31-4419361

Phone no

(614) 224-2164

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

COMMUNITY FOUNDATIONS, INC WAS ESTABLISHED IN 1987 TO SERVE GEOGRAPHIC AREAS BEYOND CENTRAL OHIO ENTRUSTED WITH THE RESPONSIBILITY TO IMPROVE THE COMMUNITY'S QUALITY OF LIFE, COMMUNITY FOUNDATIONS, INC EMBRACES THE FOLLOWING TO ASSIST DONORS AND OTHERS IN STRENGTHENING AND IMPROVING THE COMMUNITY FOR THE BENEFIT OF ALL ITS CITIZENS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 1,800,863 including grants of \$ 1,730,357) (Revenue \$)

SOCIAL SERVICES

4b

(Code) (Expenses \$ 1,149,066 including grants of \$ 1,104,079) (Revenue \$)

HEALTH

4c

(Code) (Expenses \$ 1,074,101 including grants of \$ 1,032,050) (Revenue \$)

RELIGION

(Code) (Expenses \$ 92,514 including grants of \$ 88,891) (Revenue \$)

ADVANCING PHILANTHROPY

(Code) (Expenses \$ 58,660 including grants of \$ 56,364) (Revenue \$)

ARTS & HUMANITIES

(Code) (Expenses \$ 27,060 including grants of \$ 26,000) (Revenue \$)

CONSERVATION

(Code) (Expenses \$ 510,282 including grants of \$ 490,305) (Revenue \$)

EDUCATION

(Code) (Expenses \$ 52,249 including grants of \$ 50,203) (Revenue \$)

URBAN AFFAIRS

4d

Other program services (Describe in Schedule O)

(Expenses \$ 740,765 including grants of \$ 711,763) (Revenue \$)

4e

Total program service expenses

\$ 4,764,795

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
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 98-19? If "Yes," complete Schedule C, Part III.		No
6	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 I.	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, 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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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.	Yes	
b	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 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related 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.		No
d	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 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV.		No
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.		No
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.		No
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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			Yes	No
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a0	1c	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
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. .	2a0	2b	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?		4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7	Organizations that may receive deductible contributions under section 170(c).			
a	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	No
b	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 to file Form 8282?		7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h	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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the aggregate amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	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 in Schedule O		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official		No
15b	Other officers or key employees of the organization		No
	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?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	OH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	THE COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 (614) 251-4000

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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, and **current** key employees 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, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID R MEUSE CHAIRMAN/TRUSTEE	1 00	X		X				0	0	0
(2) TANNY CRANE VICE CHAIRMAN/TRUSTEE	1 00	X		X				0	0	0
(3) WILLIAM G JURGENSEN TRUSTEE	1 00	X						0	0	0
(4) MICHAEL J FIORILE TRUSTEE	1 00	X						0	0	0
(5) BARBARA SIEMER TRUSTEE	1 00	X						0	0	0
(6) ARCHIE M GRIFFIN TRUSTEE	1 00	X						0	0	0
(7) BRUCE A SOLL TRUSTEE	1 00	X						0	0	0
(8) BARBARA TRUEMAN TRUSTEE	1 00	X						0	0	0
(9) MATTHEW D WALTER TRUSTEE	1 00	X						0	0	0
(10) DOUGLAS F KRIDLER PRESIDENT & CEO	1 00			X				0	297,484	104,629
(11) RAYMOND J BIDDISCOMBE CPA SENIOR VICE PRESIDENT	1 00			X				0	173,300	38,424
(12) BETH FISHER FROM 10111 VICE PRESIDENT	1 00			X				0	31,490	1,785
(13) PHILIP T SCHAVONE THRU 123111 SENIOR VICE PRESIDENT	1 00			X				0	158,699	41,932

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	0	660,973	186,770

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,776,449			
	g	Noncash contributions included in lines 1a-1f \$ 120,434					
	h	Total. Add lines 1a-1f		1,776,449			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,288,198		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties		61			61
6a		Gross rents	(i) Real 6,549	(ii) Personal			
b		Less rental expenses	3,488				
c		Rental income or (loss)	3,061				
d		Net rental income or (loss)		3,061			3,061
7a		Gross amount from sales of assets other than inventory	(i) Securities 22,874,142	(ii) Other			
b		Less cost or other basis and sales expenses	22,648,678				
c		Gain or (loss)	225,464				
d		Net gain or (loss)		225,464			225,464
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold . . .	b				
c		Net income or (loss) from sales of inventory . .					
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		3,293,233	0	0	1,516,784	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,578,250	4,578,250		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	281,049	121,807	92,296	66,946
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	148,522	64,369	48,775	35,378
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OTHER EXPENSES	851	369	279	203
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,008,672	4,764,795	141,350	102,527
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			3,449,801	2	4,216,133
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			18,977	4	51,367
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities			48,718,030	11	43,325,083
	12	Investments—other securities. See Part IV, line 11			44,000	12	2,481,426
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			52,230,808	16	50,074,009	
Liabilities	17	Accounts payable and accrued expenses				17	911
	18	Grants payable			387,222	18	868,303
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			387,222	26	869,214
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			51,843,586	27	49,204,795
28		Temporarily restricted net assets				28	
29		Permanently restricted net assets				29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			51,843,586	33	49,204,795
34	Total liabilities and net assets/fund balances			52,230,808	34	50,074,009	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,293,233
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,008,672
3	Revenue less expenses Subtract line 2 from line 1	3	-1,715,439
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,843,586
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-923,352
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	49,204,795

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization COMMUNITY FOUNDATIONS INC	Employer identification number 31-1197385
---	--

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 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

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).**
- 7

☐

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)
- 8

☒

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

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)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,869,037	2,590,208	748,488	19,316,204	1,674,675	27,198,612
2 Tax revenues levied for the organization'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	2,869,037	2,590,208	748,488	19,316,204	1,674,675	27,198,612
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,239,881
6 Public Support. Subtract line 5 from line 4						23,958,731

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,869,037	2,590,208	748,488	19,316,204	1,674,675	27,198,612
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,217,789	1,247,833	969,463	917,531	1,294,808	5,647,424
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						32,846,036

12 Gross receipts from related activities, etc (See instructions)

12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	72 940 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	71 130 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization
COMMUNITY FOUNDATIONS INC

Employer identification number
31-1197385

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	23	116
2 Aggregate contributions to (during year)	798,653	977,796
3 Aggregate grants from (during year)	2,313,500	2,264,750
4 Aggregate value at end of year	21,061,425	29,012,584
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				0

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,293,233
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,008,672
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,715,439
4	Net unrealized gains (losses) on investments	4	-923,127
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-225
9	Total adjustments (net) Add lines 4 - 8	9	-923,352
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,638,791

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	2,472,303
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-598,144
e	Add lines 2a through 2d	2e	-598,144
3	Subtract line 2e from line 1	3	3,070,447
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	222,786
c	Add lines 4a and 4b	4c	222,786
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,293,233

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	4,272,287
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	-513,599
e	Add lines 2a through 2d	2e	-513,599
3	Subtract line 2e from line 1	3	4,785,886
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	222,786
c	Add lines 4a and 4b	4c	222,786
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	5,008,672

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	INCOME TAXES - THE FOUNDATION IS RECOGNIZED AS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND THEREFORE, HAS MADE NO PROVISION FOR FEDERAL, STATE, OR LOCAL INCOME TAX IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION HAS ADOPTED THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS BOARD (ASC) RELATING TO UNCERTAIN TAX POSITIONS. MANAGEMENT HAS REVIEWED ITS CURRENT AND PAST INCOME TAX POSITIONS AND HAS DETERMINED, BASED ON CLEAR AND UNAMBIGUOUS TAX LAW AND REGULATIONS, THAT THE TAX POSITIONS TAKEN ARE CERTAIN AND THAT THERE IS NO LIKELIHOOD THAT A MATERIAL TAX ASSESSMENT WOULD BE MADE IF THE RESPECTIVE GOVERNMENT AGENCY EXAMINED TAX RETURNS SUBJECT TO AUDIT. ACCORDINGLY, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED. THE FOUNDATION IS NO LONGER SUBJECT TO FEDERAL, STATE, OR LOCAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008.
PART XI, LINE 8 - OTHER ADJUSTMENTS		NET TRANSFERS FROM (TO) RELATED FOUNDATIONS - 35,545. GRANTS RESCINDED FROM PRIOR YEARS 27,562. GRANT REFUNDS 7,758. TOTAL TO SCHEDULE D, PART XI, LINE 8 -225.
PART XII, LINE 2D - OTHER ADJUSTMENTS		ORGANIZATION ENDOWMENT FUNDS HELD FOR OTHERS - 681,457. TRANSFERS FROM RELATED FOUNDATIONS 75,555. GRANT REFUNDS 7,758.
PART XII, LINE 4B - OTHER ADJUSTMENTS		REALIZED GAIN FROM SALE OF SECURITIES 222,786.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		UNREALIZED LOSS ON SALE OF SECURITIES 923,127. GRANTS RESCINDED FROM PRIOR YEAR -27,562. TRANSFERS TO RELATED FOUNDATIONS 111,100. ORGANIZATION ENDOWMENT FUNDS HELD FOR OTHERS - 1,520,264.
PART XIII, LINE 4B - OTHER ADJUSTMENTS		REALIZED GAIN FROM SALE OF SECURITIES 222,786.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
COMMUNITY FOUNDATIONS INC

Employer identification number
31-1197385

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

168

3

Enter total number of other organizations listed in the line 1 table ▶

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 COMMUNITY FOUNDATIONS INC ONLY MAKES GRANTS TO 501C3 ORGANIZATIONS AND REQUIRES EACH GRANTEE PROVIDE A COPY OF ITS IRS EXEMPTION LETTER IN ADDITION, THE FOUNDATION REQUIRES THAT RECIPIENT ORGANIZATIONS SUBMIT FINAL REPORTS DETAILING THE EXPENDITURE OF DISTRIBUTIONS RECEIVED FOR REVIEW BY STAFF REGARDING COMPLIANCE WITH THE TERMS OF THE COMPETITIVE GRANTS

Software ID:

Software Version:

EIN: 31-1197385

Name: COMMUNITY FOUNDATIONS INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A CALL TO COLLEGE INC NEWARK HIGH SCHOOL 314 GRANVILLE STREET NEWARK, OH 43055	31-1333812	501C3	500				EDUCATION
ADENA MANSION AND GARDENS SOCIETY847 ADENA RD CHILLICOTHE, OH 45601	27-1330314	501C3	5,000				ARTS AND HUMANITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEXANDER LEIGH CENTER FOR AUTISM9109 TRINITY DRIVE LAKE IN THE HILLS, IL 60156	32-0146038	501C3	2,500				HEALTH
ALTAR INC213 EAST WATER STREET CHILLICOTHE, OH 456012504	31-1665316	501C3	11,000				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTRUSA CLUB OF CHILLICOTHE OHIO FOUND65 EAST SECOND STREET CHILLICOTHE, OH 45601	31-1366831	501C3	10,000				SOCIAL SERVICES
AMERICAN COUNCIL OF THE BLIND OHIOPO BOX 307128 COLUMBUS, OH 43230	31-0989044	501C3	30,000				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COUNCIL OF THE BLIND OHIOPO BOX 307128 COLUMBUS, OH 43230	31-0989044	501C3	30,000				SOCIAL SERVICES
AMERICAN COUNCIL OF THE BLIND OHIOPO BOX 307128 COLUMBUS, OH 43230	31-0989044	501C3	30,000				SOCIAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS NATIONAL HEADQUARTERSPO BOX 37243 WASHINGTON,DC 200137243	53-0196605	501C3	750				HEALTH
AMERICAN RED CROSS NATIONAL HEADQUARTERSPO BOX 37243 WASHINGTON,DC 200137243	53-0196605	501C3	1,000				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALACHIAN STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID PO BOX 32005 BOONE, NC 28608	56-1176030	501C3	1,500				EDUCATION
ART OF THE OLYMPIANS FOUNDATION INC PO BOX 2566 FORT MYERS, FL 33902	20-5915125	501C3	10,000				ARTS AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHLAND UNIVERSITY401 COLLEGE AVENUE ASHLAND, OH 44805	34-0714626	501C3	6,000				EDUCATION
ASHVILLE ALUMNI SCHOLARSHIP FUND C/O PATRICIA SOUTHWARD 125 MAPLE STREET ASHVILLE, OH 43103	47-0924441	501C3	2,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSISTANCE HOUSE11 WEST 5TH STREET CHILLICOTHE, OH 45601	31-4379621	501C3	20,000				SOCIAL SERVICES
ATTRACT TOURISM FOUNDATION INC 325 W MAIN STREET CIRCLEVILLE, OH 43113	75-3214525	501C3	1,000				ARTS AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELMONT COLLEGE 120 FOX-SHANNON PLACE ST CLAIRSVILLE, OH 43950	31-0803587	501C3	1,013				EDUCATION
BERGER HEALTH FOUNDATION1280 NORTH COURT STREET CIRCLEVILLE,OH 43113	33-1031454	501C3	750				HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERGER HEALTH FOUNDATION1280 NORTH COURT STREET CIRCLEVILLE, OH 43113	33-1031454	501C3	868				HEALTH
BERGER HEALTH FOUNDATION1280 NORTH COURT STREET CIRCLEVILLE, OH 43113	33-1031454	501C3	1,000				HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERGER HEALTH FOUNDATION1280 NORTH COURT STREET CIRCLEVILLE, OH 43113	33-1031454	501C3	2,500				HEALTH
BERGER HEALTH FOUNDATION1280 NORTH COURT STREET CIRCLEVILLE, OH 43113	33-1031454	501C3	14,000				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY COLLEGE FINANCIAL AID OFFICE BETHANY, WV 26032	55- 0356985	501C3	1,013				EDUCATION
BIG BROTHERS BIG SISTERS OF ERIE- SENECA904 WEST WASHINGTON STREET SANDUSKY, OH 44870	34- 1096604	501C3	500				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOWLING GREEN STATE UNIVERSITY 132 ADMINISTRATION BUILDING 1001 EAST WOOSTER STREET BOWLING GREEN, OH 434030100	34-6402018	501C3	800				EDUCATION
BOWLING GREEN STATE UNIVERSITY 132 ADMINISTRATION BUILDING 1001 EAST WOOSTER STREET BOWLING GREEN, OH 434030100	34-6402018	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOWLING GREEN STATE UNIVERSITY FDNMILETI ALUMNI CENTER BOWLING GREEN STATE UNIVERSITY BOWLING GREEN, OH 43403	34-6007199	501C3	2,000				EDUCATION
BRIAN MUHA MEMORIAL FOUNDATION874 HELENHURST COURT WESTERVILLE, OH 43081	34-1920357	501C3	25,000				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP FIRE USA NORTHWEST OHIO COUNCIL305 WEST HARDIN STREET FINDLAY, OH 45840	34- 4433241	501C3	1,000				SOCIAL SERVICES
CAMP FIRE USA NORTHWEST OHIO COUNCIL305 WEST HARDIN STREET FINDLAY, OH 45840	34- 4433241	501C3	1,000				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER SUPPORT COMMUNITY CENTRAL OHIO 10330 SAWMILL PARKWAY SUITE 600 POWELL, OH 43065	20- 1388385	501C3	3,000				HEALTH
CAPITAL UNIVERSITY FINANCIAL AID OFFICE 2199 EAST MAIN STREET COLUMBUS, OH 43209	31- 4379435	501C3	1,376				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL UNIVERSITY FINANCIAL AID OFFICE 2199 EAST MAIN STREET COLUMBUS, OH 43209	31-4379435	501C3	10,000				EDUCATION
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS, OH 43215	31-1222851	501C3	116				URBAN AFFAIRS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS, OH 43215	31-1222851	501C3	116				URBAN AFFAIRS
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS, OH 43215	31-1222851	501C3	116				URBAN AFFAIRS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS, OH 43215	31-1222851	501C3	165				URBAN AFFAIRS
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS, OH 43215	31-1222851	501C3	165				URBAN AFFAIRS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS, OH 43215	31-1222851	501C3	165				URBAN AFFAIRS
CATHOLIC RELIEF SERVICES209 WEST FAYETTE STREET BALTIMORE, MD 21201	13-5563422	501C3	1,500				SOCIAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC RELIEF SERVICES228 WEST LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501C3	2,000				SOCIAL SERVICES
CENTER OF SCIENCE AND INDUSTRY333 WEST BROAD STREET COLUMBUS, OH 43215	31-4383802	501C3	500				ARTS AND HUMANITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL OHIO TECHNICAL COLLEGE1179 UNIVERSITY DRIVE NEWARK, OH 430551767	31-0802020	501C3	1,400				EDUCATION
CENTRAL OHIO TECHNICAL COLLEGE1179 UNIVERSITY DRIVE NEWARK, OH 430551767	31-0802020	501C3	2,319				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL OHIO TECHNICAL COLLEGE1179 UNIVERSITY DRIVE NEWARK, OH 430551767	31-0802020	501C3	2,400				EDUCATION
CHILDHOOD LEAGUE INC670 SOUTH 18TH STREET COLUMBUS, OH 43205	31-6400177	501C3	300				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILLICOTHE-ROSS COUNTY POLICE ATHLETIC41 EAST 4TH STREET CHILLICOTHE, OH 45601	68-0584252	501C3	3,000				URBAN AFFAIRS
CHRISTIAN COUNSELING CENTERC/O FIRST LUTHERAN CHURCH 300 MELMORE STREET TIFFIN, OH 44883	20-8421520	501C3	500				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN COUNSELING CENTER/O FIRST LUTHERAN CHURCH 300 MELMORE STREET TIFFIN, OH 44883	20-8421520	501C3	500				HEALTH
CHURCH WORLD SERVICEPO BOX 968 ELKHART, IN 46515	13-4080201	501C3	300				RELIGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH WORLD SERVICEPO BOX 968 ELKHART, IN 46515	13-4080201	501C3	500				RELIGION
CIRCLEVILLE CITY SCHOOL DISTRICT DISTRICT OFFICE 388 CLARK DRIVE CIRCLEVILLE, OH 43113	31-6400386	501C3	500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIRCLEVILLE CITY SCHOOL DISTRICT DISTRICT OFFICE 388 CLARK DRIVE CIRCLEVILLE, OH 43113	31-6400386	501C3	1,000				EDUCATION
CIRCLEVILLE CITY SCHOOL DISTRICT DISTRICT OFFICE 388 CLARK DRIVE CIRCLEVILLE, OH 43113	31-6400386	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND STATE UNIVERSITYEAST 24TH AT EUCLID AVENUE CLEVELAND,OH 44115	34-0966056	501C3	2,567				EDUCATION
COAST GUARD FOUNDATION394 TAUGWONK ROAD STONINGTON,CT 06378	04-2899862	501C3	250				URBAN AFFAIRS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE OF MOUNT SAINT JOSEPH5701 DELHI ROAD CINCINNATI, OH 452331670	23-7179567	501C3	500				EDUCATION
COLUMBUS MUSEUM OF ART 480 EAST BROAD STREET COLUMBUS, OH 43215	31-4379447	501C3	500				ARTS AND HUMANITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY RECREATIONAL COUNCIL OF165 WEST FOURTH ST CHILLICOTHE, OH 45601	31-4386181	501C3	3,000				SOCIAL SERVICES
COMMUNITY RECREATIONAL COUNCIL OFPO BOX 2017 CHILLICOTHE, OH 45601	31-4386181	501C3	20,000				URBAN AFFAIRS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONCORD PRESBYTERIAN CHURCH/O 45239 HART ROAD BELMONT, OH 43718	34- 1033585	501C3	1,200				RELIGION
CORPUS CHRISTI CATHOLIC CHURCH 1516 WARWOOD AVENUE WHEELING, WV 260037197	55- 0363849	501C3	1,200				RELIGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENISON UNIVERSITYPO BOX M GRANVILLE, OH 430239986	31-4379459	501C3	1,000				EDUCATION
DENISON UNIVERSITYPO BOX M GRANVILLE, OH 430239986	31-4379459	501C3	2,400				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS CENTRAL AND SOUTHEAST3830 TRUEMAN COURT HILLIARD, OH 43026	31- 4379471	501C3	2,535				SOCIAL SERVICES
EASTER SEALS CENTRAL AND SOUTHEAST3830 TRUEMAN COURT HILLIARD, OH 43026	31- 4379471	501C3	2,535				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS CENTRAL AND SOUTHEAST3830 TRUEMAN COURT HILLIARD, OH 43026	31- 4379471	501C3	2,535				SOCIAL SERVICES
EASTER SEALS CENTRAL AND SOUTHEAST3830 TRUEMAN COURT HILLIARD, OH 43026	31- 4379471	501C3	2,535				SOCIAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FELLOWSHIP OF CATHOLIC UNIVERSITYPO BOX 18710 GOLDEN,CO 80402	84-1522811	501C3	250				RELIGION
FELLOWSHIP OF CATHOLIC UNIVERSITYPO BOX 18710 GOLDEN,CO 80402	84-1522811	501C3	2,750				RELIGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINANCIAL ASSISTANCE FOR CANCERPO BOX 624 TIFFIN,OH 44883	34-1658459	501C3	500				HEALTH
FINANCIAL ASSISTANCE FOR CANCERPO BOX 624 TIFFIN,OH 44883	34-1658459	501C3	1,000				HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISH OF TIFFIN 131 EAST PERRY STREET TIFFIN, OH 44883	34-1440944	501C3	250				SOCIAL SERVICES
FISH OF TIFFIN 131 EAST PERRY STREET TIFFIN, OH 44883	34-1440944	501C3	250				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD FOR THE POOR INC6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501C3	1,500				SOCIAL SERVICES
FOOD FOR THE POOR INC6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501C3	2,000				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GIRL SCOUTS OF OHIOS HEARTLAND COUNCIL1700 WATERMARK DRIVE COLUMBUS, OH 432151097	31-4379475	501C3	9,098				SOCIAL SERVICES
GIRL SCOUTS OF OHIOS HEARTLAND COUNCIL1700 WATERMARK DRIVE COLUMBUS, OH 432151097	31-4379475	501C3	10,393				SOCIAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GIRL SCOUTS OF OHIOS HEARTLAND COUNCIL1700 WATERMARK DRIVE COLUMBUS, OH 432151097	31-4379475	501C3	1,249,948				SOCIAL SERVICES
GRADY MEMORIAL HOSPITAL561 WEST CENTRAL AVENUE DELAWARE, OH 43015	31-1763100	501C3	12,982				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVARD UNIVERSITY953 HOLYOKE CENTER 1350 MASS AVENUE CAMBRIDGE, MA 02138	04-2103580	501C3	1,743				EDUCATION
HAVEN OF HOPE 927 WHEELING AVENUE SUITE 102 CAMBRIDGE, OH 43725	31-1168245	501C3	4,800				SOCIAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HEIDELBERG UNIVERSITY310 EAST MARKET STREET TIFFIN,OH 44883	34-4428219	501C3	1,000				EDUCATION
HIGH POINT UNIVERSITY STUDENT ACCOUNTS OFFICE 833 MONTLIEU AVENUE HIGH POINT,NC 27262	56-0529999	501C3	1,500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HIGHLANDS NATURE SANCTUARY7660 CAVE ROAD BAINBRIDGE, OH 45612	31-1434730	501C3	26,000				CONSERVATION
HOCKING COLLEGE 3301 HOCKING PARKWAY NELSONVILLE, OH 45764	31-0794924	501C3	500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HOCKING COLLEGE 3301 HOCKING PARKWAY NELSONVILLE, OH 45764	31-0794924	501C3	800				EDUCATION
HOCKING COLLEGE 3301 HOCKING PARKWAY NELSONVILLE, OH 45764	31-0794924	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOCKING COLLEGE 3301 HOCKING PARKWAY NELSONVILLE, OH 45764	31-0794924	501C3	1,000				EDUCATION
HOPE CLINIC OF ROSS COUNTY INC PO BOX 864 CHILLICOTHE, OH 45601	45-2390821	501C3	10,000				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITYPURDUE UNIVERSITY2101 EAST COLISEUM BOULEVARD FT WAYNE, IN 468051499	35-6002041	501C3	1,690				EDUCATION
INDIANA WESLEYAN UNIVERSITY4201 SOUTH WASHINGTON STREET MARION, IN 46953	35-0885591	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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JACKSON COUNTY BOARD OF MRDDPO BOX 607 822 SELLERS DRIVE JACKSON,OH 45640	31-0936290	501C3	4,975				HEALTH
JACKSON COUNTY BOARD ON AGING INC25 EAST MOUND STREET JACKSON,OH 45640	31-0831594	501C3	10,000				HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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JACKSON COUNTY HEALTH DEPARTMENTBJ ALLISON HEALTH CENTER 200 EAST MAIN STREET JACKSON,OH 456401716	31-6400071	501C3	5,000				HEALTH
JACKSON-VINTON COMMUNITY ACTION INC118 SOUTH NEW YORK AVENUE WELLSTON,OH 45692	31-0716914	501C3	10,000				HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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JUNIOR ACHIEVEMENT OF NORTHWESTERN 2239 CHEYENNE BLVD TOLEDO,OH 43614	34-4430363	501C3	1,000				EDUCATION
JUNIOR ACHIEVEMENT OF NORTHWESTERN 2239 CHEYENNE BLVD TOLEDO,OH 43614	34-4430363	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENT STATE UNIVERSITY131 MICHAEL SCHWARTZ CENTER PO BOX 5190 KENT,OH 44242	31-6402079	501C3	500				EDUCATION
KENT STATE UNIVERSITY131 MICHAEL SCHWARTZ CENTER PO BOX 5190 KENT,OH 44242	31-6402079	501C3	950				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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KENT STATE UNIVERSITY131 MICHAEL SCHWARTZ CENTER PO BOX 5190 KENT,OH 44242	31-6402079	501C3	1,000				EDUCATION
KENT STATE UNIVERSITY131 MICHAEL SCHWARTZ CENTER PO BOX 5190 KENT,OH 44242	31-6402079	501C3	4,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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KENT STATE UNIVERSITY131 MICHAEL SCHWARTZ CENTER PO BOX 5190 KENT, OH 44242	31-6402079	501C3	8,000				EDUCATION
LEAGUE OF WOMEN VOTERS OF OHIO EDUCATION17 SOUTH HIGH STREET SUITE 650 COLUMBUS, OH 43215	31-1050638	501C3	1,023				URBAN AFFAIRS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LEAGUE OF WOMEN VOTERS OF OHIO EDUCATION17 SOUTH HIGH STREET SUITE 650 COLUMBUS, OH 43215	31-1050638	501C3	1,340				URBAN AFFAIRS
LIBERTY PRESBYTERIAN CHURCH7080 OLENTANGY RIVER ROAD DELAWARE, OH 43015	31-6066289	501C3	5,000				RELIGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LOCAL MATTERS 731 EAST BROAD STREET THIRD FLOOR COLUMBUS, OH 43205	06-1819644	501C3	3,000				SOCIAL SERVICES
LOCAL MATTERS 731 EAST BROAD STREET THIRD FLOOR COLUMBUS, OH 43205	06-1819644	501C3	5,500				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LOCAL MATTERS 731 EAST BROAD STREET THIRD FLOOR COLUMBUS, OH 43205	06-1819644	501C3	6,500				SOCIAL SERVICES
LOCAL MATTERS 731 EAST BROAD STREET THIRD FLOOR COLUMBUS, OH 43205	06-1819644	501C3	8,000				SOCIAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOCAL MATTERS 731 EAST BROAD STREET THIRD FLOOR COLUMBUS, OH 43205	06-1819644	501C3	10,000				SOCIAL SERVICES
LOCAL MATTERS 731 EAST BROAD STREET THIRD FLOOR COLUMBUS, OH 43205	06-1819644	501C3	25,000				SOCIAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LOCAL MATTERS 731 EAST BROAD STREET THIRD FLOOR COLUMBUS, OH 43205	06- 1819644	501C3	32,000				SOCIAL SERVICES
LOGAN ELM BOARD OF EDUCATION 9579 TARLTON ROAD CIRCLEVILLE, OH 43113	31- 6402678	501C3	250				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LOGAN ELM BOARD OF EDUCATION 9579 TARLTON ROAD CIRCLEVILLE, OH 43113	31-6402678	501C3	250				EDUCATION
LOGAN ELM EDUCATION FOUNDATION9579 TARLTON ROAD CIRCLEVILLE, OH 43113	27-0619403	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LOUISIANA STATE UNIVERSITYOFFICE OF STUDENT AID 1146 PLEASANT HALL BATON ROUGE, LA 70803	72-6000848	501C3	1,000				EDUCATION
LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO500 WEST WILSON BRIDGE ROAD SUITE 245 WORTHINGTON, OH 43085	31-4412586	501C3	1,000				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO500 WEST WILSON BRIDGE ROAD SUITE 245 WORTHINGTON, OH 43085	31-4412586	501C3	1,500				SOCIAL SERVICES
LUTHERAN UNIVERSITY ASSOCIATION1700 CHAPEL DRIVE VALPARAISO, IN 46383	35-0868125	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MALONE UNIVERSITY FINANCIAL AID OFFICE 2600 CLEVELAND AVENUE NW CANTON, OH 44709	34- 0737794	501C3	250				EDUCATION
MIAMI UNIVERSITY BURSARS OFFICE 301 S CAMPUS AVENUE ROOM 107 OXFORD, OH 450563439	31- 6402089	501C3	3,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI UNIVERSITY BURSARS OFFICE 301 S CAMPUS AVENUE ROOM 107 OXFORD, OH 450563439	31-6402089	501C3	9,960				EDUCATION
MID OHIO FOODBANK3960 BROOKHAM DRIVE GROVE CITY, OH 43123	31-0865343	501C3	1,000				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MIDWEST CENTER FOR HOME HOSPICE AND855 SOUTH WALL STREET COLUMBUS, OH 43206	31-0966673	501C3	4,871				HEALTH
MIDWEST CENTER FOR HOME HOSPICE AND855 SOUTH WALL STREET COLUMBUS, OH 43206	31-0966673	501C3	6,257				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MOUNT CARMEL COLLEGE OF NURSING127 SOUTH DAVIS AVENUE COLUMBUS, OH 43222	31-1308555	501C3	750				EDUCATION
MOUNT CARMEL COLLEGE OF NURSING127 SOUTH DAVIS AVENUE COLUMBUS, OH 43222	31-1308555	501C3	1,500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT CARMEL COLLEGE OF NURSING127 SOUTH DAVIS AVENUE COLUMBUS, OH 43222	31-1308555	501C3	1,500				EDUCATION
MOUNT CARMEL HEALTH SYSTEM FDN793 WEST STATE STREET COLUMBUS, OH 432221560	31-1113966	501C3	1,200				HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT CARMEL HEALTH SYSTEM FDN793 WEST STATE STREET COLUMBUS, OH 432221560	31-1113966	501C3	1,000,000				HEALTH
MOUNT UNION COLLEGE BUSINESS OFFICE 1972 CLARK AVENUE ALLIANCE, OH 44601	34-0714687	501C3	1,632				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT VERNON NAZARENE UNIVERSITY800 MARTINSBURG ROAD MOUNT VERNON, OH 43050	31-0725957	501C3	1,000				EDUCATION
MUSKINGUM UNIVERSITY STUDENT FINANCIAL SERVICES 163 STORMONT NEW CONCORD, OH 43762	31-4379515	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSKINGUM UNIVERSITY STUDENT FINANCIAL SERVICES 163 STORMONT NEW CONCORD, OH 43762	31-4379515	501C3	4,000				EDUCATION
MUSKINGUM UNIVERSITY STUDENT FINANCIAL SERVICES 163 STORMONT NEW CONCORD, OH 43762	31-4379515	501C3	10,750				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CHURCH RESIDENCES2335 NORTH BANK DRIVE COLUMBUS,OH 43220	31-0651750	501C3	16,850				SOCIAL SERVICES
NEW HARVEST URBAN ARTS CENTER1675 ARLINGTON AVENUE COLUMBUS,OH 43211	80-0304147	501C3	2,000				ARTS AND HUMANITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HARVEST URBAN ARTS CENTER1675 ARLINGTON AVENUE COLUMBUS, OH 43211	80- 0304147	501C3	10,500				ARTS AND HUMANITIES
NORTH CAROLINA STATE UNIVERSITY OFFICE OF SCHOLARSHIPS FINANCIAL AID 2016 HARRIS HALL BOX 7302 RALEIGH, NC 27695	56- 6000756	501C3	8,250				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CENTRAL OHIO EDUCATIONAL SERVICE65 SAINT FRANCIS AVENUE TIFFIN, OH 44883	34-1830013	501C3	500				SOCIAL SERVICES
NORTH CENTRAL OHIO EDUCATIONAL SERVICE65 SAINT FRANCIS AVENUE TIFFIN, OH 44883	34-1830013	501C3	1,000				SOCIAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST UNITED METHODIST CHURCH5200 RIVERSIDE DRIVE COLUMBUS, OH 43220	31-0824072	501C3	1,500				RELIGION
NORTHWEST UNITED METHODIST CHURCH5200 RIVERSIDE DRIVE COLUMBUS, OH 43220	31-0824072	501C3	1,500				RELIGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOTRE DAME COLLEGE OF OHIO OFFICE OF STUDENT FINANCIAL ASSISTANCE 4545 COLLEGE ROAD EUCLID, OH 441214293	34-0714689	501C3	6,639				EDUCATION
OAK HILL UNION LOCAL SCHOOL DISTRICT205 WESTERN AVENUE OAK HILL, OH 45656	31-0731712	501C3	5,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO ASSOCIATION OF CHILD CARING50 WEST BROAD STREET SUITE 3200 COLUMBUS, OH 43215	34-1168205	501C3	15,000				SOCIAL SERVICES
OHIO ASSOCIATION OF CHILD CARING50 WEST BROAD STREET SUITE 3200 COLUMBUS, OH 43215	34-1168205	501C3	20,000				SOCIAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO ASSOCIATION OF CHILD CARING50 WEST BROAD STREET SUITE 3200 COLUMBUS,OH 43215	34-1168205	501C3	30,000				SOCIAL SERVICES
OHIO CHRISTIAN UNIVERSITY1476 LANCASTER PIKE CIRCLEVILLE,OH 43113	31-0971599	501C3	2,500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO CHRISTIAN UNIVERSITY1476 LANCASTER PIKE CIRCLEVILLE, OH 43113	31-0971599	501C3	10,750				EDUCATION
OHIO HUMANITIES COUNCIL471 EAST BROAD STREET SUITE 1620 COLUMBUS, OH 43215	31-0901572	501C3	1,354				ARTS AND HUMANITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO HUMANITIES COUNCIL471 EAST BROAD STREET SUITE 1620 COLUMBUS, OH 43215	31-0901572	501C3	1,644				ARTS AND HUMANITIES
OHIO NORTHERN UNIVERSITY525 SOUTH MAIN STREET ADA, OH 45810	34-4429091	501C3	1,172				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO NORTHERN UNIVERSITY525 SOUTH MAIN STREET ADA,OH 45810	34-4429091	501C3	10,750				EDUCATION
OHIO STATE UNIVERSITY AGRICULTURAL1328 DOVER ROAD WOOSTER, OH 44691	31-6025986	501C3	2,400				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	300				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	300				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	300				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	950				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	950				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,172				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,250				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,516				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	2,250				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	2,250				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	3,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	7,167				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	9,400				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	9,960				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFISTUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	9,960				EDUCATION
OHIO STATE UNIVERSITY FOUNDATION CORPORATE AND FOUNDATION RELATIONS 1480 WEST LANE AVENUE COLUMBUS, OH 432213938	31-1145986	501C3	300				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FOUNDATION CORPORATE AND FOUNDATION RELATIONS 1480 WEST LANE AVENUE COLUMBUS, OH 432213938	31-1145986	501C3	2,000				EDUCATION
OHIO STATE UNIVERSITY FOUNDATION CORPORATE AND FOUNDATION RELATIONS 1480 WEST LANE AVENUE COLUMBUS, OH 432213938	31-1145986	501C3	7,500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31- 6402113	501C3	250				EDUCATION
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31- 6402113	501C3	500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31- 6402113	501C3	500				EDUCATION
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31- 6402113	501C3	500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31- 6402113	501C3	500				EDUCATION
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31- 6402113	501C3	500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31-6402113	501C3	950				EDUCATION
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31-6402113	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31- 6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31- 6402113	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31- 6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31- 6402113	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31- 6402113	501C3	1,500				EDUCATION
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31- 6402113	501C3	2,688				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31- 6402113	501C3	5,000				EDUCATION
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31- 6402113	501C3	5,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31- 6402113	501C3	6,000				EDUCATION
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31- 6402113	501C3	10,750				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY - CHILLICOTHE101 UNIVERSITY DRIVE PO BOX 629 CHILLICOTHE, OH 45601	31- 6402113	501C3	2,000				EDUCATION
OHIO WEST VIRGINIA YMCA INCPO BOX 239 400 MAIN STREET 2ND FLOOR POINT PLEASANT, WV 25550	55- 0631259	501C3	882				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO WEST VIRGINIA YMCA INCPO BOX 239 400 MAIN STREET 2ND FLOOR POINT PLEASANT, WV 25550	55-0631259	501C3	1,276				SOCIAL SERVICES
OSU EXTENSION PICKAWAY COUNTY PO BOX 9 110 ISLAND ROAD SUITE B CIRCLEVILLE, OH 431130009	31-1145986	501C3	750				URBAN AFFAIRS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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OSU EXTENSION ROSS COUNTY475 WESTERN AVENUE SUITE F CHILLICOTHE, OH 45601	31- 1145986	501C3	750				EDUCATION
OTTERBEIN UNIVERSITY102 WEST COLLEGE AVENUE WESTERVILLE, OH 43081	31- 4379532	501C3	500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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OTTERBEIN UNIVERSITY102 WEST COLLEGE AVENUE WESTERVILLE, OH 43081	31-4379532	501C3	500				EDUCATION
OTTERBEIN UNIVERSITY102 WEST COLLEGE AVENUE WESTERVILLE, OH 43081	31-4379532	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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OTTERBEIN UNIVERSITY102 WEST COLLEGE AVENUE WESTERVILLE, OH 43081	31-4379532	501C3	1,000				EDUCATION
OTTERBEIN UNIVERSITY102 WEST COLLEGE AVENUE WESTERVILLE, OH 43081	31-4379532	501C3	3,975				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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OTTERBEIN UNIVERSITY1 SOUTH GROVE STREET WESTERVILLE, OH 43081	31-4379532	501C3	4,000				EDUCATION
OTTERBEIN UNIVERSITY1 SOUTH GROVE STREET WESTERVILLE, OH 43081	31-4379532	501C3	5,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PALATINES TO AMERICAPO BOX 141260 COLUMBUS, OH 43214	23-2253655	501C3	543				ARTS AND HUMANITIES
PALATINES TO AMERICAPO BOX 141260 COLUMBUS, OH 43214	23-2253655	501C3	791				ARTS AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PICKAWAY COUNTY COMMUNITY ACTION469 EAST OHIO STREET PO BOX 67 CIRCLEVILLE, OH 43113	31-0722252	501C3	1,250				SOCIAL SERVICES
PICKAWAY COUNTY COMMUNITY ACTION ORG145 EAST CORWIN STREET CIRCLEVILLE, OH 43113	31-1095855	501C3	1,250				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PICKAWAY COUNTY COMMUNITY ACTION ORG145 EAST CORWIN STREET CIRCLEVILLE, OH 43113	31-1095855	501C3	1,500				EDUCATION
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	2				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	2				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	2				ADVANCING PHILANTHROPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	2				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	9				ADVANCING PHILANTHROPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	11				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	11				ADVANCING PHILANTHROPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	11				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	11				ADVANCING PHILANTHROPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	11				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	11				ADVANCING PHILANTHROPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	11				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	13				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	13				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	13				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	14				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	14				ADVANCING PHILANTHROPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	15				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	15				ADVANCING PHILANTHROPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	15				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	20				ADVANCING PHILANTHROPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	21				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	22				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	22				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	24				ADVANCING PHILANTHROPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	24				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	26				ADVANCING PHILANTHROPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	26				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	26				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	26				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	27				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	28				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	28				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	29				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	29				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	29				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	30				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	30				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	30				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	32				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	32				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	33				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	33				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	33				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	38				ADVANCING PHILANTHROPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	39				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	42				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	43				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	43				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	49				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	57				ADVANCING PHILANTHROPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	60				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	61				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	61				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	62				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	62				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	66				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	72				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	72				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	73				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	73				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	76				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	79				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	82				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	82				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	83				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	88				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	89				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	89				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	102				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	105				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	117				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	118				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	121				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	124				ADVANCING PHILANTHROPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	146				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	378				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	500				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	500				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	552				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	590				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	2,011				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	4,575				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	5,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	5,000				ADVANCING PHILANTHROPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	5,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATIONPO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	10,000				ADVANCING PHILANTHROPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COUNCIL ON YOUTH LEAD C/O LISA HEDRICK 23610 RICTER COURT CIRCLEVILLE, OH 431139466	20-4958209	501C3	200				SOCIAL SERVICES
PICKAWAY COUNTY DISTRICT PUBLIC LIBRARY 1160 NORTH COURT STREET CIRCLEVILLE, OH 43113	31-6401655	501C3	278				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY DISTRICT PUBLIC LIBRARY 1160 NORTH COURT STREET CIRCLEVILLE, OH 43113	31-6401655	501C3	278				EDUCATION
PICKAWAY COUNTY DISTRICT PUBLIC LIBRARY 1160 NORTH COURT STREET CIRCLEVILLE, OH 43113	31-6401655	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY HISTORICAL SOCIETYPO BOX 85 CIRCLEVILLE,OH 43113	31-1596155	501C3	456				ARTS AND HUMANITIES
PICKAWAY COUNTY HISTORICAL SOCIETYPO BOX 85 CIRCLEVILLE,OH 43113	31-1596155	501C3	456				ARTS AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY HISTORICAL SOCIETYPO BOX 85 CIRCLEVILLE,OH 43113	31-1596155	501C3	573				ARTS AND HUMANITIES
PICKAWAY COUNTY HISTORICAL SOCIETYPO BOX 85 CIRCLEVILLE,OH 43113	31-1596155	501C3	823				ARTS AND HUMANITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY ROSS COUNTY JOINT VOCATIONAL895 CROUSE CHAPEL ROAD CHILLICOTHE, OH 45601	31-0817518	501C3	5,000				EDUCATION
PICKAWAY ROSS COUNTY JOINT VOCATIONAL895 CROUSE CHAPEL ROAD CHILLICOTHE, OH 45601	31-0817518	501C3	19,600				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF CENTR711 E LIVINGSTON AVENUE COLUMBUS, OH 43205	31-0890152	501C3	2,500				SOCIAL SERVICES
ROSE HULMAN INSTITUTE OF TECHNOLOGY5500 WABASH AVENUE TERRE HAUTE, IN 47803	35-0868149	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSS COUNTY COALITION AGAINST DOMESTIC43 NORTH PAINT STREET PO BOX 1727 CHILLICOTHE, OH 45601	31-1044779	501C3	5,000				SOCIAL SERVICES
ROSS COUNTY COMMUNITY ACTION COMMISSION603 CENTRAL CENTER CHILLICOTHE, OH 45601	31-6059908	501C3	12,500				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSS COUNTY HISTORICAL SOCIETY45 WEST FIFTH STREET CHILLICOTHE, OH 45601	31-0710896	501C3	16,850				ARTS AND HUMANITIES
RUTHERFORD B HAYES PRESIDENTIAL CENTERSPIEGEL GROVE FREMONT, OH 434202796	34-6502740	501C3	5,000				URBAN AFFAIRS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT GABRIEL CATHOLIC RADIO NETWORK4673 WINTERSET DRIVE COLUMBUS, OH 43220	30-0220140	501C3	500,000				RELIGION
SAINT JOSEPH CENTRAL CATHOLIC HIGH SCHOO0702 CROGHAN STREET FREMONT, OH 43420	34-0905004	501C3	2,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT JOSEPH CENTRAL CATHOLIC HIGH SCHOO702 CROGHAN STREET FREMONT, OH 43420	34-0905004	501C3	2,000				EDUCATION
SAINT PAUL THE APOSTLE CHURCH 313 NORTH STATE STREET WESTERVILLE, OH 43082	31-4424935	501C3	500,000				RELIGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT PAULS OUTREACH161 EAST PATTERSON AVENUE COLUMBUS,OH 43202	41-1621192	501C3	1,000				RELIGION
SAINT PAULS OUTREACH161 EAST PATTERSON AVENUE COLUMBUS,OH 43202	41-1621192	501C3	1,000				RELIGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT PAULS OUTREACH161 EAST PATTERSON AVENUE COLUMBUS,OH 43202	41-1621192	501C3	1,000				RELIGION
SAINT PAULS OUTREACH161 EAST PATTERSON AVENUE COLUMBUS,OH 43202	41-1621192	501C3	1,000				RELIGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT PAULS OUTREACH161 EAST PATTERSON AVENUE COLUMBUS,OH 43202	41-1621192	501C3	1,000				RELIGION
SAINT PAULS OUTREACH161 EAST PATTERSON AVENUE COLUMBUS,OH 43202	41-1621192	501C3	1,000				RELIGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT PAULS UNITED METHODIST CHURCH46 MADISON STREET PO BOX 817 TIFFIN, OH 448830817	34-6401272	501C3	250				SOCIAL SERVICES
SAINT PAULS UNITED METHODIST CHURCH46 MADISON STREET PO BOX 817 TIFFIN, OH 448830817	34-6401272	501C3	500				SOCIAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SALVATION ARMY CORPS OF TIFFIN OHIO45 SOUTH MONROE STREET PO BOX 341 TIFFIN,OH 44883	13-5562351	501C3	4,000				SOCIAL SERVICES
SALVATION ARMY CORPS OF TIFFIN OHIO45 SOUTH MONROE STREET PO BOX 341 TIFFIN,OH 44883	13-5562351	501C3	4,000				SOCIAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITANS PURSEPO BOX 3000 BOONE,NC 286073000	58- 1437002	501C3	700				RELIGION
SAMARITANS PURSEPO BOX 3000 BOONE,NC 286073000	58- 1437002	501C3	750				RELIGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANDUSKY COUNTY COMMUNITIES FOUNDATIC/O THE CROGHAN COLONIAL BANK 323 CROGHAN STREET FREMONT, OH 43420	20-8314921	501C3	51,446				ADVANCING PHILANTHROPY
SANDUSKY COUNTY PARK DISTRICT 1970 COUNTRYSIDE PLACE FREMONT, OH 43420	34-6401312	501C3	10,000				URBAN AFFAIRS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCIOTO SOCIETY INC 216 FRESHOUR ROAD PO BOX 73 CHILLICOTHE, OH 45601	31-0791031	501C3	1,375				ARTS AND HUMANITIES
SENECA COUNTY AGENCY TRANSPORTATION 3140 SOUTH ST RT 100 SUITE F PO BOX 922 TIFFIN, OH 44883	34-1762284	501C3	500				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENECA COUNTY AGENCY TRANSPORTATION 3140 SOUTH ST RT 100 SUITE F PO BOX 922 TIFFIN, OH 44883	34-1762284	501C3	1,000				SOCIAL SERVICES
SHAWNEE STATE UNIVERSITY OFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH, OH 456624344	31-0864917	501C3	250				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAWNEE STATE UNIVERSITYOFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	250				EDUCATION
SHAWNEE STATE UNIVERSITYOFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	250				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAWNEE STATE UNIVERSITYOFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH, OH 456624344	31-0864917	501C3	250				EDUCATION
SHAWNEE STATE UNIVERSITYOFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH, OH 456624344	31-0864917	501C3	500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAWNEE STATE UNIVERSITYOFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	500				EDUCATION
SHAWNEE STATE UNIVERSITYOFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAWNEE STATE UNIVERSITYOFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	500				EDUCATION
SHAWNEE STATE UNIVERSITYOFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAWNEE STATE UNIVERSITYOFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	1,000				EDUCATION
SHAWNEE STATE UNIVERSITYOFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAWNEE STATE UNIVERSITYOFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	1,500				EDUCATION
SHAWNEE STATE UNIVERSITYOFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	5,750				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIMON KENTON COUNCIL BOY SCOUTS OF1901 EAST DUBLIN-GRANVILLE ROAD PO BOX 29207 COLUMBUS, OH 43229	31-4388520	501C3	3,000				SOCIAL SERVICES
SOUTH CENTRAL OHIO BIG BROTHER BIG SISTE173 WEST SECOND STREET CHILLICOTHE, OH 456013113	31-0968026	501C3	1,140				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SOUTH CENTRAL OHIO BIG BROTHER BIG SISTE173 WEST SECOND STREET CHILLICOTHE, OH 456013113	31-0968026	501C3	1,728				SOCIAL SERVICES
SOUTHBROOK CHRISTIAN CHURCH9095 WASHINGTON CHURCH ROAD MIAMISBURG, OH 45342	31-1170733	501C3	3,100				RELIGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SPRING ARBOR BUSINESS OFFICE 106 EAST MAIN STREET SPRING ARBOR, MI 49283	38-1359569	501C3	9,960				EDUCATION
STERLING PUBLIC SCHOOLS400 SOUTH TIGER STREET STERLING, OK 73567	73-0786404	501C3	7,500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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STERLING PUBLIC SCHOOLS 400 SOUTH TIGER STREET STERLING, OK 73567	73-0786404	501C3	20,000				EDUCATION
STERLING PUBLIC SCHOOLS 400 SOUTH TIGER STREET STERLING, OK 73567	73-0786404	501C3	25,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SWARTHMORE COLLEGE FINANCIAL AID OFFICE 500 COLLEGE AVENUE SWARTHMORE, PA 19081	23-1352683	501C3	12,000				EDUCATION
TEAYS VALLEY CIVIC ASSOCIATION35 PARK STREET ASHVILLE, OH 43103	31-1374718	501C3	2,000				ARTS AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TERRA COMMUNITY COLLEGE2830 NAPOLEON ROAD FREMONT, OH 434209670	34-1054067	501C3	3,000				EDUCATION
THE OHIO ACADEMY3000 MORSE ROAD COLUMBUS, OH 43231	16-1727221	501C3	2,400				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE WESTFALL EDUCATION FOUNDATION19463 PHERSON PIKE WILLIAMSPORT, OH 43164	20-4951223	501C3	500				EDUCATION
THE WESTFALL EDUCATION FOUNDATION19463 PHERSON PIKE WILLIAMSPORT, OH 43164	20-4951223	501C3	500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIFFIN COMMUNITY YMCA RECREATION CENTER180 SUMMIT STREET TIFFIN,OH 44883	34- 4479386	501C3	5,000				SOCIAL SERVICES
TIFFIN COMMUNITY YMCA RECREATION CENTER180 SUMMIT STREET TIFFIN,OH 44883	34- 4479386	501C3	5,000				SOCIAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIFFIN SENECA PUBLIC LIBRARY 77 JEFFERSON STREET TIFFIN,OH 44883	34-6401401	501C3	500				SOCIAL SERVICES
TIFFIN SENECA TEEN CENTERPO BOX 1063 TIFFIN,OH 448831063	34-1725281	501C3	1,000				SOCIAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TIFFIN SENECA TEEN CENTERPO BOX 1063 TIFFIN, OH 448831063	34-1725281	501C3	1,000				SOCIAL SERVICES
TIFFIN SENECA UNITED WAY INC 201 SOUTH WASHINGTON STREET PO BOX 368 TIFFIN, OH 44883	34-6401399	501C3	3,000				SOCIAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIFFIN SENECA UNITED WAY INC 201 SOUTH WASHINGTON STREET PO BOX 368 TIFFIN,OH 44883	34-6401399	501C3	3,000				SOCIAL SERVICES
TIFFIN SENECA UNITED WAY INC 201 SOUTH WASHINGTON STREET PO BOX 368 TIFFIN,OH 44883	34-6401399	501C3	12,000				SOCIAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF CYRIL PO BOX 448 CYRIL, OK 73029	73-6005169	501C3	7,500				URBAN AFFAIRS
TRUSTEES OF GRINNELL COLLEGE DBA FINANCIAL AID OFFICE 1103 PARK STREET GRINNELL, IA 50112	42-0680387	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TURNING POINTE AUTISM FOUNDATIONPO BOX 9203 NAPERVILLE,IL 60567	26- 1286022	501C3	2,500				HEALTH
UNITED STATES SPORTS ACADEMY ONE ACADEMY DRIVE DAPHNE,AL 36526	63- 0771624	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF AKRON302 BUCHTEL COMMON AKRON,OH 44325	34-6002924	501C3	1,172				EDUCATION
UNIVERSITY OF AKRON302 BUCHTEL COMMON AKRON,OH 44325	34-6002924	501C3	5,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF AKRON302 BUCHTEL COMMON AKRON, OH 44325	34-6002924	501C3	8,000				EDUCATION
UNIVERSITY OF CINCINNATI STUDENT ACCOUNTS OFFICE PO BOX 210140 CINCINNATI, OH 452210140	31-6000989	501C3	500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF CINCINNATI STUDENT ACCOUNTS OFFICE PO BOX 210140 CINCINNATI, OH 452210140	31-6000989	501C3	500				EDUCATION
UNIVERSITY OF CINCINNATI STUDENT ACCOUNTS OFFICE PO BOX 210140 CINCINNATI, OH 452210140	31-6000989	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CINCINNATI STUDENT ACCOUNTS OFFICE PO BOX 210140 CINCINNATI, OH 452210140	31-6000989	501C3	5,000				EDUCATION
UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON, OH 454691305	31-0536715	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF EVANSVILLE OFFICE OF FINANCIAL AID 1800 LINCOLN AVENUE EVANSVILLE, IN 47722	35-0868074	501C3	1,000				EDUCATION
UNIVERSITY OF FINDLAY1000 NORTH MAIN STREET FINDLAY, OH 45840	34-4431169	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF OKLAHOMA FOUNDATION100 TIMBERDELL ROAD NORMAN,OK 730190685	73-6091755	501C3	15,000				EDUCATION
UNIVERSITY OF RIO GRANDE ACCOUNTING OFFICE PO BOX 500 RIO GRANDE,OH 45674	31-4379537	501C3	500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF RIO GRANDE ACCOUNTING OFFICE PO BOX 500 RIO GRANDE, OH 45674	31-4379537	501C3	500				EDUCATION
UNIVERSITY OF RIO GRANDE ACCOUNTING OFFICE PO BOX 500 RIO GRANDE, OH 45674	31-4379537	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF THE CUMBERLANDS OFFICE OF FINANCIAL PLANNING 6191 COLLEGE STATION DRIVE WILLIAMSBURG, KY 40769	61-0470593	501C3	1,000				EDUCATION
UNIVERSITY OF TOLEDO OFFICE OF FINANCIAL AID 2801 WEST BANCROFT STREET MS 314 TOLEDO, OH 436063390	34-6401483	501C3	500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TOLEDOOFFICE OF FINANCIAL AID 2801 WEST BANCROFT STREET MS 314 TOLEDO,OH 436063390	34-6401483	501C3	2,567				EDUCATION
UNIVERSITY OF TOLEDOOFFICE OF FINANCIAL AID 2801 WEST BANCROFT STREET MS 314 TOLEDO,OH 436063390	34-6401483	501C3	2,567				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF TOLEDOOFFICE OF FINANCIAL AID 2801 WEST BANCROFT STREET MS 314 TOLEDO,OH 436063390	34-6401483	501C3	2,567				EDUCATION
UNIVERSITY OF TOLEDOOFFICE OF FINANCIAL AID 2801 WEST BANCROFT STREET MS 314 TOLEDO,OH 436063390	34-6401483	501C3	4,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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US DEPARTMENT OF STATE/FA-ROOM 8213 2201 C STREET NW WASHINGTON, DC 20520	53-0200682	501C3	500				URBAN AFFAIRS
WELLNESS COMMUNITY ARIZONA 360 EAST PALM LANE PHOENIX, AZ 85004	86-0897810	501C3	2,500				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WELLSTON CITY SCHOOLS1 EAST BROADWAY STREET WELLSTON, OH 45692	31-6401103	501C3	5,000				EDUCATION
WEST VIRGINIA UNIVERSITYOFFICE OF STUDENT ACCOUNTS PO BOX 6003 MORGANTOWN, WV 265066003	55-6000842	501C3	1,172				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WESTERVILLE AREA RESOURCE MINISTRY175 A EAST BROADWAY WESTERVILLE, OH 43081	31-1640355	501C3	2,000				SOCIAL SERVICES
WESTERVILLE AREA RESOURCE MINISTRY175 A EAST BROADWAY WESTERVILLE, OH 43081	31-1640355	501C3	8,000				SOCIAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WHEATON COLLEGE STUDENT ACCOUNTS 501 COLLEGE AVENUE WHEATON,IL 60187	36- 2182171	501C3	1,000				EDUCATION
WILLIAMSPORT UNITED METHODIST CHURCHPO BOX 179 WILLIAMSPORT,OH 43164	31- 0933480	501C3	5,900				RELIGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WILMINGTON COLLEGE BUSINESS OFFICE 251 LUDOVIC STREET PYLE BOX 1206 WILMINGTON, OH 45177	31-0537514	501C3	1,000				EDUCATION
WITTENBERG UNIVERSITY PO BOX 720 SPRINGFIELD, OH 45501	31-0537177	501C3	1,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WITTENBERG UNIVERSITYPO BOX 720 SPRINGFIELD,OH 45501	31-0537177	501C3	1,500				EDUCATION
WORLD GOSPEL MISSIONPO BOX 948 MARION,IN 469520948	65-0339453	501C3	200				RELIGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WRIGHT STATE UNIVERSITYE 136 STUDENT UNION 3640 COLONEL GLENN HIGHWAY DAYTON, OH 454350001	31-0732831	501C3	950				EDUCATION
WRIGHT STATE UNIVERSITYE 136 STUDENT UNION 3640 COLONEL GLENN HIGHWAY DAYTON, OH 454350001	31-0732831	501C3	1,371				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WRIGHT STATE UNIVERSITYE 136 STUDENT UNION 3640 COLONEL GLENN HIGHWAY DAYTON, OH 454350001	31-0732831	501C3	9,960				EDUCATION
YOUNG MENS CHRISTIAN ASSOC SANDUSKY1000 NORTH STREET FREMONT, OH 43420	34-4444246	501C3	5,000				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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YOUNG MENS CHRISTIAN ASSOCIATION OF 594 EAST MAIN STREET JACKSON, OH 45640	31-0886549	501C3	4,925				HEALTH
YOUNG MENS CHRISTIAN ASSOCIATION OF ROSS100 MILL STREET CHILLICOTHE, OH 45601	31-4379806	501C3	9,900				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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YOUNG WOMENS CHRISTIAN ASSOCIATION65 SOUTH FOURTH STREET COLUMBUS, OH 43215	31-4379597	501C3	5,000				SOCIAL SERVICES
ZION EVANGELICAL LUTHERAN CHURCH C/O 242 CHAPEL ROAD WHEELING, WV 26003	55-0461860	501C3	1,200				RELIGION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
COMMUNITY FOUNDATIONS INC

Employer identification number

31-1197385

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div></div>		
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div>		
<div><div>3</div><div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div>		No
<div><div></div><div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div></div>		
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>5a</div><div>The organization?</div></div>		No
<div><div>5b</div><div>Any related organization?</div></div>		No
<div><div></div><div>If "Yes," to line 5a or 5b, describe in Part III</div></div>		
<div><div>6</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>6a</div><div>The organization?</div></div>		No
<div><div>6b</div><div>Any related organization?</div></div>		No
<div><div></div><div>If "Yes," to line 6a or 6b, describe in Part III</div></div>		
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
COMMUNITY FOUNDATIONS INC

Employer identification number
31-1197385

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	120,434	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ►()				
27 Other ►()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) 2011

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
► Attach to Form 990 or 990-EZ.

2011

**Open to Public
Inspection**

Name of the organization
COMMUNITY FOUNDATIONS INC

Employer identification number

31-1197385

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PROVIDED TO BOARD MEMBERS FOR THEIR REVIEW AT THE FALL BOARD MEETING
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, TRUSTEES ARE REQUIRED, IN WRITING, TO CONFIRM BOTH THEIR UNDERSTANDING OF THE FOUNDATION'S CONFLICT OF INTEREST POLICY, AND THAT HE/SHE IS IN COMPLIANCE WITH IT
		FORM 990, PART VI, SECTION B, LINES 15A&B TOP OFFICERS ARE NOT COMPENSATED
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORM 1023 AND 990 ARE AVAILABLE UPON REQUEST FURTHER, THE ORGANIZATION'S FORM 990 IS AVAILABLE AT WWW GUIDESTAR ORG
	FORM 990, PART VI, SECTION C, LINE 19	THIS ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -923,127 NET TRANSFERS FROM (TO) RELATED FOUNDATIONS -35,545 GRANTS RESCINDED FROM PRIOR YEARS 27,562 GRANT REFUNDS 7,758 TOTAL TO FORM 990, PART XI, LINE 5 -923,352
PROCESS FOR OVERSEEING AUDIT	FORM 990, PART XII, LINE 2C	AT THE ANNUAL AUDIT COMMITTEE MEETING, THE FINANCIAL STATEMENTS ARE PRESENTED TO THE AUDIT COMMITTEE BY THE EXTERNAL AUDITORS STAFF AND A MEMBER OF THE AUDIT COMMITTEE REVIEWS THE RESULTS OF THE AUDIT COMMITTEE MEETING WITH THE FULL BOARD AT THEIR NEXT SCHEDULED BOARD MEETING THE COMMITTEE ALSO OVERSEES THE PROCESS OF SELECTING THE INDEPENDENT ACCOUNTANT THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATIONS INC

Employer identification number
31-1197385

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

Yes

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE COLUMBUS FOUNDATION	L	266,036	FMV OF SERVICES RENDERED
(2) THE COLUMBUS FOUNDATION	Q	111,100	CASH PAYMENT
(3) THE COLUMBUS FOUNDATION	R	75,555	CASH PAYMENT
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 31-1197385

Name: COMMUNITY FOUNDATIONS INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
THE COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-6044264	GRANTMAKING	OH	501C3	LINE 8	N/A		No
BATTELLE CHARITIES 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1772342	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
CENTRAL BENEFITS HEALTH CARE FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1502517	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
COLUMBUS YOUTH FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-6034435	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
COMMUNITY GIFTS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1606919	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
CRANE FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 41-2138379	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
THE WILLIAM H DAVIS DOROTHY M DAVIS AND WILLIAM C DAVIS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1372548	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
DOMINION HOMES - BORROR FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 20-0523484	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
THE PAUL G DUKE FOUNDATION INC 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1045339	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
THE FG FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 01-0552288	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
JOHN B & DARETH GERLACH FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1487829	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
THE JOHN J & PAULINE GERLACH FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1453633	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
GREER FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1438583	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
HINSON FAMILY TRUST 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-6653583	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
INGRAM-WHITE CASTLE FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-6051433	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
KIDD FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1631547	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	COMMUNITY FOUNDATIONS INC		No
THE ARTHUR & SARA JO KOBACKER ALFRED & IDA KOBACKER FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1380072	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
LIMITED BRANDS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1387703	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
THE MARSH FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1364161	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
THE RAYMOND E MASON FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1220052	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
THE JOHN H MCCONNELL FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1253999	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
MEUSE FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 26-0017844	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
MORITZ FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 32-0100273	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
ROUSH FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1677576	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
JAMES A & KATHLEEN C RUTHERFORD FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1445233	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
THE SHACKELFORD FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1418621	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
THE SIEMER FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1550556	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
TRINITY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 20-2475731	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
ROBERT D WALTER FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1491083	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No
THE ROBERT F WOLFE & EDGAR T WOLFE FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1253442	GRANTMAKING	OH	501C3	LINE 11A TYPE 1	THE COLUMBUS FOUNDATION		No

Additional Data

Software ID:
Software Version:
EIN: 31-1197385
Name: COMMUNITY FOUNDATIONS INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code)	(Expenses \$	92,514	including grants of \$	88,891) (Revenue \$)
ADVANCING PHILANTHROPY				
(Code)	(Expenses \$	58,660	including grants of \$	56,364) (Revenue \$)
ARTS & HUMANITIES				
(Code)	(Expenses \$	27,060	including grants of \$	26,000) (Revenue \$)
CONSERVATION				
(Code)	(Expenses \$	510,282	including grants of \$	490,305) (Revenue \$)
EDUCATION				
(Code)	(Expenses \$	52,249	including grants of \$	50,203) (Revenue \$)
URBAN AFFAIRS				