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<b>Form 990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

**A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization COMMUNITY FOUNDATIONS INC		<b>D</b> Employer identification number 31-1197385
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 1234 EAST BROAD STREET	Room/suite	<b>E</b> Telephone number (614) 251-4000
	City or town, state or country, and ZIP + 4 COLUMBUS, OH 432051405		<b>G</b> Gross receipts \$ 13,938,659
	<b>F</b> Name and address of principal officer RAYMOND J BIDDISCOMBE 1234 EAST BROAD STREET COLUMBUS, OH 432051405		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ N/A			

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>	<b>L</b> Year of formation 1987	<b>M</b> State of legal domicile OH
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Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities <u>THIS FOUNDATION ASSISTS OTHERS IN IMPROVING THE COMMUNITY FOR THE BENEFIT OF ALL ITS CITIZENS</u>    		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	9
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	9
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	-12,277
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	-12,277	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	1,776,449	2,982,110
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,513,662	2,121,274
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	3,122	-8,323
		3,293,233	5,095,061
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	4,578,250	2,956,633
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>119,630</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	430,422	481,214
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,008,672	3,437,847
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	-1,715,439	1,657,214
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	50,074,009	54,608,640
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	869,214	399,293
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	49,204,795	54,209,347

## 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.

<b>Sign Here</b>	*****				2013-05-14		
	Signature of officer				Date		
	RAYMOND J BIDDISCOMBE VP						
	Type or print name and title						
<b>Paid Preparer Use Only</b>	Print/Type preparer's name TJ CONGER CPA		Preparer's signature		Date 2013-05-14	Check <input type="checkbox"/> if self-employed	PTIN P00068140
	Firm's name   ▶ JOHN GERLACH & COMPANY					Firm's EIN   ▶ 31-4419361	
	Firm's address   ▶ 37 WEST BROAD STREET  COLUMBUS, OH 43215					Phone no (614) 224-2164	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Part IIIStatement 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?

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?

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 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 \$ 1,939,858 including grants of \$ 1,817,981 ) (Revenue \$ )	EDUCATION
4b	(Code ) (Expenses \$ 527,367 including grants of \$ 494,234 ) (Revenue \$ )	SOCIAL SERVICES
4c	(Code ) (Expenses \$ 253,926 including grants of \$ 237,972 ) (Revenue \$ )	ADVANCING PHILANTHROPY
	(Code ) (Expenses \$ 87,899 including grants of \$ 82,377 ) (Revenue \$ )	ARTS AND HUMANITIES
	(Code ) (Expenses \$ 6,165 including grants of \$ 5,778 ) (Revenue \$ )	CONSERVATION
	(Code ) (Expenses \$ 118,583 including grants of \$ 111,132 ) (Revenue \$ )	HEALTH
	(Code ) (Expenses \$ 49,569 including grants of \$ 46,455 ) (Revenue \$ )	RELIGION
	(Code ) (Expenses \$ 171,477 including grants of \$ 160,704 ) (Revenue \$ )	URBAN AFFAIRS
4d	Other program services (Describe in Schedule O ) (Expenses \$ 433,693 including grants of \$ 406,446 ) (Revenue \$ )	
4e	Total program service expenses	3,154,844

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 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 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	3	No
4 <b>Section 501(c)(3) organizations.</b> 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	4	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	5	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 	6 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 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	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 	10	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 	11a 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 	11b	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 	11c	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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	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 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a 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 and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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, Parts I and IV	14b	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 United States? If "Yes," complete Schedule F, Parts II and IV	15	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 United States? If "Yes," complete Schedule F, Parts III and IV	16	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 (see instructions)	17	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	18	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	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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		No
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, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
36	<b>Section 501(c)(3) organizations.</b> 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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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, securities account, or other financial account)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		No
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	9	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	9	
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?	2	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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	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	9	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?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	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?		
a	The organization's CEO, Executive Director, or top management official	15a	No
b	Other officers or key employees of the organization	15b	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?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 <input type="checkbox"/> Other (explain in Schedule O)	
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 during the tax year	
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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) MICHAEL J FIORILE CHAIRMAN/TRUSTEE	1 00	X		X				0	0	0
(2) BARBARA J SIEMER VICE CHAIRMAN/TRUSTEE	1 00	X		X				0	0	0
(3) DAVID P BLOM TRUSTEE	1 00	X						0	0	0
(4) JERRY JURGENSEN TRUSTEE	1 00	X						0	0	0
(5) C ROBERT KIDDER TRUSTEE	1 00	X						0	0	0
(6) DWIGHT E SMITH 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 50 00			X				0	326,137	109,557
(11) RAYMOND J BIDDISCOMBE CPA SENIOR VICE PRESIDENT	1 00 50 00			X				0	181,085	40,899
(12) BETH FISHER VICE PRESIDENT	1 00 50 00			X				0	155,162	25,157



## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
<b>1b Sub-Total . . . . .</b>										
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>										
<b>d Total (add lines 1b and 1c) . . . . .</b>								0	662,384	175,613

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

		Yes	No
3	Did the organization list any <b>former</b> 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)	(B)	(C)
Name and business address	Description of services	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

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

			(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	2,982,110		
	g	Noncash contributions included in lines 1a-1f \$		22,984		
	h	Total. Add lines 1a-1f . . . . .		2,982,110		
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) . . . . .	1,461,761		
4		Income from investment of tax-exempt bond proceeds . .				
5		Royalties . . . . .	1			1
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses	4,555			
c		Rental income or (loss)	4,948			
d		Net rental income or (loss) . . . . .	-393			-393
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses	9,498,163			
c		Gain or (loss)	8,838,650			
d		Net gain or (loss) . . . . .	659,513			659,513
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	PASS-THROUGH ORD LOSS	900099	-7,931		-12,277	4,346
b						
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .		-7,931			
12	Total revenue. See Instructions . . . . .		5,095,061	0	-12,277	2,125,228

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).

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.	2,956,633	2,956,633		
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 accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.				
10	Payroll taxes.				
11	Fees for services (non-employees):				
a	Management.	291,943	120,251	99,115	72,577
b	Legal.				
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	188,853	77,788	64,116	46,949
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	OTHER EXPENSES	418	172	142	104
b					
c					
d					
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e.	3,437,847	3,154,844	163,373	119,630
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			4,216,133	2	4,609,415
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			51,367	4	43,412
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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			10c	
	b	Less accumulated depreciation . . . . .	10b				
	11	Investments—publicly traded securities . . . . .			43,325,083	11	47,354,871
	12	Investments—other securities See Part IV, line 11 . . . . .			2,481,426	12	2,600,942
	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) . . . . .			50,074,009	16	54,608,640	
Liabilities	17	Accounts payable and accrued expenses . . . . .			911	17	931
	18	Grants payable . . . . .			868,303	18	398,362
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Loans and other 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 . . . . .			869,214	26	399,293
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			49,204,795	27	54,209,347
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117 (ASC 958), 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 . . . . .			49,204,795	33	54,209,347
	34	Total liabilities and net assets/fund balances . . . . .			50,074,009	34	54,608,640

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	5,095,061
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	3,437,847
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	1,657,214
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	49,204,795
5	Net unrealized gains (losses) on investments . . . . .	5	3,387,966
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-40,628
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,209,347

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	Yes	
2c	If "Yes," to line 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	
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
3b	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)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

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 described in **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 See **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 - Non-functionally integrated
- 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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,590,208	748,488	19,316,204	1,674,675	2,151,588	26,481,163
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	2,590,208	748,488	19,316,204	1,674,675	2,151,588	26,481,163
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)						2,029,074
6 Public support. Subtract line 5 from line 4						24,452,089

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,590,208	748,488	19,316,204	1,674,675	2,151,588	26,481,163
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,247,833	969,463	917,531	1,294,808	1,466,316	5,895,951
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11	<b>Total support</b> (Add lines 7 through 10)						32,377,114
12	Gross receipts from related activities, etc (see instructions)					12	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	75 520 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	72 940 %
16a	<b>33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		
b	<b>33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		
17a	<b>10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	<b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

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	20	118
2 Aggregate contributions to (during year)	276,485	2,705,625
3 Aggregate grants from (during year)	1,802,020	1,154,613
4 Aggregate value at end of year	20,953,491	33,655,151
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 can 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 education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register

	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 tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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 XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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)

Yes

No

b

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

3b

Yes

No

4

Describe in Part XIII 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 through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

Schedule D (Form 990) 2012



<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>					
1	Total revenue, gains, and other support per audited financial statements . . . . .			1	7,848,877
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments . . . . .	2a	3,387,966		
b	Donated services and use of facilities . . . . .	2b			
c	Recoveries of prior year grants . . . . .	2c			
d	Other (Describe in Part XIII ) . . . . .	2d	-658,332		
e	Add lines 2a through 2d . . . . .			2e	2,729,634
3	Subtract line 2e from line 1 . . . . .			3	5,119,243
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 XIII ) . . . . .	4b	-24,182		
c	Add lines 4a and 4b . . . . .			4c	-24,182
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .			5	5,095,061
<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>					
1	Total expenses and losses per audited financial statements . . . . .			1	3,308,378
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 XIII ) . . . . .	2d	-129,469		
e	Add lines 2a through 2d . . . . .			2e	-129,469
3	Subtract line 2e from line 1 . . . . .			3	3,437,847
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 XIII ) . . . . .	4b			
c	Add lines 4a and 4b . . . . .			4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .			5	3,437,847

**Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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 2009.
PART XI, LINE 2D - OTHER ADJUSTMENTS		ORGANIZATION ENDOWMENT FUNDS HELD FOR OTHERS - 682,707 TRANSFERS FROM RELATED FOUNDATIONS 13,800 GRANT REFUNDS 10,575
PART XI, LINE 4B - OTHER ADJUSTMENTS		BOOK/TAX INCOME DIFFERENCE ON PASS THROUGH INCOME -24,182
PART XII, LINE 2D - OTHER ADJUSTMENTS		GRANTS RESCINDED FROM PRIOR YEAR -13,550 TRANSFERS TO RELATED FOUNDATIONS 102,735 ORGANIZATION ENDOWMENT FUNDS HELD FOR OTHERS - 218,654

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATIONS INC

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

2012

Open to Public  
Inspection

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. Part II can be duplicated 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 . . . . .

164

3

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

**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.  
Part III can be duplicated 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, Part III, column (b), 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

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 82234 COLUMBUS,OH 43202	31-0989044	501C3	30,000				SOCIAL SERVICES
AMERICAN COUNCIL OF THE BLIND OHIOPO BOX 82234 COLUMBUS,OH 43202	31-0989044	501C3	30,000				SOCIAL SERVICES
AMERICAN RED CROSS 1245 NAPOLEON STREET FREMONT,OH 434202358	34-4430153	501C3	42,704				HEALTH
ARTSAROUND325 WEST MAIN STREET CIRCLEVILLE,OH 43113	71-0932524	501C3	400				ARTS AND HUMANITIES
ASHLAND UNIVERSITY401 COLLEGE AVENUE ASHLAND,OH 44805	34-0714626	501C3	3,000				EDUCATION
ASHLAND UNIVERSITY401 COLLEGE AVENUE ASHLAND,OH 44805	34-0714626	501C3	4,000				EDUCATION
ASSISTANCE HOUSE11 WEST 5TH STREET CHILLICOTHE,OH 45601	31-4379621	501C3	20,000				SOCIAL SERVICES
ATHENS COUNTY FOOD PANTRY9 NORTH COLLEGE STREET ATHENS,OH 45701	34-1313139	501C3	10,000				SOCIAL SERVICES
ATHENS FOUNDATION20 SOUTH COURT STREET PO BOX 366 ATHENS,OH 45701	31-1040215	501C3	7,500				ADVANCING PHILANTHROPY
ATHENS ROTARY FOUNDATION35 NORTH COLLEGE STREET ATHENS,OH 45701	31-1600581	501C3	15,000				ADVANCING PHILANTHROPY
ATTRACT TOURISM FOUNDATION INC325 W MAIN STREET CIRCLEVILLE,OH 43113	75-3214525	501C3	2,000				ARTS AND HUMANITIES
BALLET METROPOLITAN INC322 MOUNT VERNON AVENUE COLUMBUS,OH 43215	31-0858562	501C3	50,000				ARTS AND HUMANITIES
BELMONT COLLEGE120 FOX-SHANNON PLACE ST CLAIRSVILLE,OH 43950	31-0803587	501C3	1,487				EDUCATION
BELMONT UNIVERSITY 1900 BELMONT BOULEVARD NASHVILLE,TN 372123757	62-0465076	501C3	1,000				EDUCATION
BERGER HEALTH FOUNDATION1280 NORTH COURT STREET CIRCLEVILLE,OH 431131499	33-1031454	501C3	500				HEALTH
BERGER HEALTH FOUNDATION1280 NORTH COURT STREET CIRCLEVILLE,OH 431131499	33-1031454	501C3	750				HEALTH
BIG BROTHERS BIG SISTERS OF CENTRAL OHIO1855 EAST DUBLIN-GRANVILLE ROAD FIRST FLOOR COLUMBUS,OH 432293516	31-4379429	501C3	1,000				SOCIAL SERVICES
BOWLING GREEN STATE UNIVERSITY132 ADMINISTRATION BUILDING 1001 EAST WOOSTER STREET BOWLING GREEN,OH 434030100	34-6402018	501C3	500				EDUCATION
BOWLING GREEN STATE UNIVERSITY132 ADMINISTRATION BUILDING 1001 EAST WOOSTER STREET - BURSAR OFFICE BOWLING GREEN,OH 434030100	34-6402018	501C3	1,500				EDUCATION
BOWLING GREEN STATE UNIVERSITY132 ADMINISTRATION BUILDING 1001 EAST WOOSTER STREET BOWLING GREEN,OH 434030100	34-6402018	501C3	3,000				EDUCATION
BOWLING GREEN STATE UNIVERSITY FDNMILETI ALUMNI CENTER BOWLING GREEN STATE UNIVERSITY BOWLING GREEN,OH 43403	34-6007199	501C3	2,000				EDUCATION
BRIGHAM YOUNG UNIVERSITY HAWAII CAMPUSOFFICE OF FINANCIAL AID 55-220 KULANUI STREET LAIE,HI 96762	99-0083825	501C3	4,000				EDUCATION
BUCKEYE RANCH FOUNDATION INC5665 HOOVER ROAD GROVE CITY,OH 43123	31-1593013	501C3	178,275				SOCIAL SERVICES
CAMBRIDGE AREA YMCA 1301 CLAIRMONT AVENUE CAMBRIDGE,OH 437251613	31-4390528	501C3	3,000				EDUCATION
CAMP FIRE USA NORTHWEST OHIO COUNCIL305 WEST HARDIN STREET FINDLAY,OH 45840	34-4433241	501C3	500				SOCIAL SERVICES
CAPITAL UNIVERSITY FINANCIAL AID OFFICE ONE COLLEGE AND MAIN COLUMBUS,OH 43209	31-4379435	501C3	750				EDUCATION
CAPITAL UNIVERSITY FINANCIAL AID OFFICE ONE COLLEGE AND MAIN COLUMBUS,OH 43209	31-4379435	501C3	1,100				EDUCATION
CAPITAL UNIVERSITY FINANCIAL AID OFFICE ONE COLLEGE AND MAIN COLUMBUS,OH 43209	31-4379435	501C3	10,000				EDUCATION
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS,OH 43215	31-1222851	501C3	127				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	127				URBAN AFFAIRS
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS, OH 43215	31-1222851	501C3	127				URBAN AFFAIRS
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
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS, OH 43215	31-1222851	501C3	165				URBAN AFFAIRS
CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501C3	2,000				SOCIAL SERVICES
CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501C3	2,000				SOCIAL SERVICES
CENTER OF SCIENCE AND INDUSTRY 333 WEST BROAD STREET COLUMBUS, OH 43215	31-4383802	501C3	500				ARTS AND HUMANITIES
CENTRAL OHIO TECHNICAL COLLEGE 1179 UNIVERSITY DRIVE NEWARK, OH 430551767	31-0802020	501C3	1,000				EDUCATION
CHRISTIAN COUNSELING CENTER C/O FIRST LUTHERAN CHURCH 300 MELMORE STREET TIFFIN, OH 44883	20-8421520	501C3	500				HEALTH
CHURCH WORLD SERVICE INC PO BOX 968 ELKHART, IN 46515	13-4080201	501C3	750				RELIGION
CHURCH WORLD SERVICE INC 28606 PHILLIPS STREET PO BOX 968 ELKHART, IN 46515	13-4080201	501C3	1,000				RELIGION
CIRCLEVILLE CITY SCHOOL DISTRICT DISTRICT OFFICE 388 CLARK DRIVE CIRCLEVILLE, OH 43113	31-6400386	501C3	200				EDUCATION
CIRCLEVILLE CITY SCHOOL DISTRICT DISTRICT OFFICE 388 CLARK DRIVE CIRCLEVILLE, OH 43113	31-6400386	501C3	250				EDUCATION
CIRCLEVILLE CITY SCHOOL DISTRICT DISTRICT OFFICE 388 CLARK DRIVE CIRCLEVILLE, OH 43113	31-6400386	501C3	500				EDUCATION
CIRCLEVILLE YOUTH BASEBALL PROGRAM 675 RIDGEWOOD DRIVE CIRCLEVILLE, OH 43113	31-6063119	501C3	500				URBAN AFFAIRS
CIRCLEVILLE YOUTH FOOTBALL INCORPORATE PO BOX 62 CIRCLEVILLE, OH 43113	20-1640439	501C3	1,000				URBAN AFFAIRS
CITY OF CIRCLEVILLE CITY HALL 133 SOUTH COURT STREET CIRCLEVILLE, OH 43113	31-6400222	501C3	2,000				URBAN AFFAIRS
CLEVELAND STATE UNIVERSITY 2121 EUCLID AVENUE CLEVELAND, OH 44115	34-0966056	501C3	2,000				EDUCATION
CLEVELAND STATE UNIVERSITY 2121 EUCLID AVENUE CLEVELAND, OH 44115	34-0966056	501C3	3,000				EDUCATION
COAST GUARD FOUNDATION 394 TAUGWONK ROAD STONINGTON, CT 06378	04-2899862	501C3	100				URBAN AFFAIRS
COAST GUARD FOUNDATION 394 TAUGWONK ROAD STONINGTON, CT 06378	04-2899862	501C3	100				URBAN AFFAIRS
COLUMBUS COLLEGE OF ART AND DESIGN 107 NORTH NINTH STREET COLUMBUS, OH 432153875	31-0820394	501C3	2,300				EDUCATION
COLUMBUS HISTORICAL SOCIETY COSI 333 WEST BROAD STREET COLUMBUS, OH 43215	31-1308995	501C3	500				ARTS AND HUMANITIES
COLUMBUS MUSEUM OF ART 480 EAST BROAD STREET COLUMBUS, OH 432153886	31-4379447	501C3	500				ARTS AND HUMANITIES
COLUMBUS STATE COMMUNITY COLLEGE PO BOX 1609 COLUMBUS, OH 43216	31-0729591	501C3	8,000				EDUCATION
COLUMBUS STATE COMMUNITY COLLEGE PO BOX 1609 COLUMBUS, OH 43216	31-0729591	501C3	12,500				EDUCATION
COLUMBUS STATE COMMUNITY COLLEGE PO BOX 1609 COLUMBUS, OH 43216	31-0729591	501C3	12,500				EDUCATION
COLUMBUS ZOOLOGICAL PARK ASSOCIATION PO BOX 400 POWELL, OH 430650400	31-4390844	501C3	400				CONSERVATION
COMMUNITY ACTION COMMISSION OF BELMONT 153 1/2 WEST MAIN STREET ST CLAIRSVILLE, OH 43950	34-0967230	501C3	104,000				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
COMMUNITY RECREATIONAL COUNCIL OFPO BOX 2017 CHILLICOTHE,OH 45601	31-4386181	501C3	5,000				SOCIAL SERVICES
COMMUNITY RECREATIONAL COUNCIL OFPO BOX 2017 CHILLICOTHE,OH 45601	31-4386181	501C3	22,000				URBAN AFFAIRS
CONCORD PRESBYTERIAN CHURCHC/O 45239 HART ROAD BELMONT,OH 43718	34-1033585	501C3	1,235				RELIGION
CORPUS CHRISTI CATHOLIC CHURCH1516 WARWOOD AVENUE WHEELING,WV 260037197	55-0363849	501C3	1,235				RELIGION
CRISTO REY COLUMBUS HIGH SCHOOL840 W STATE STREET COLUMBUS,OH 43222	27-4864843	501C3	600,000				EDUCATION
CROHNS AND COLITIS FOUNDATION OF AMERICA 386 PARK AVENUE SOUTH 17TH FLOOR NEWYORK,NY 100168804	13-6193105	501C3	500				HEALTH
DENISON UNIVERSITYPO BOX M GRANVILLE,OH 430239986	31-4379459	501C3	1,000				EDUCATION
EARTHTOUCHPO BOX 82274 COLUMBUS,OH 43202	31-1322839	501C3	5,378				CONSERVATION
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
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
EASTER SEALS CENTRAL AND SOUTHEAST3830 TRUEMAN COURT HILLIARD,OH 43026	31-4379471	501C3	4,000				SOCIAL SERVICES
EASTER SEALS CENTRAL AND SOUTHEAST3830 TRUEMAN COURT HILLIARD,OH 43026	31-4379471	501C3	15,000				SOCIAL SERVICES
EMERGENCY CLEARINGHOUSE ASSOCIATIONPO BOX 1011 CIRCLEVILLE,OH 43113	31-1329300	501C3	2,000				SOCIAL SERVICES
FINANCIAL ASSISTANCE FOR CANCERPO BOX 624 TIFFIN,OH 44883	34-1658459	501C3	1,000				HEALTH
FIRST COMMUNITY FOUNDATION INC1320 CAMBRIDGE BOULEVARD COLUMBUS,OH 43212	31-6027662	501C3	1,000				SOCIAL SERVICES
FIRST COMMUNITY FOUNDATION INC1320 CAMBRIDGE BOULEVARD COLUMBUS,OH 43212	31-6027662	501C3	1,500				SOCIAL SERVICES
FISH OF TIFFIN131 EAST PERRY STREET TIFFIN,OH 44883	34-1440944	501C3	250				SOCIAL SERVICES
FOOD FOR THE POOR INC 6401 LYONS ROAD COCONUT CREEK,FL 33073	59-2174510	501C3	1,500				SOCIAL SERVICES
FOOD FOR THE POOR INC 6401 LYONS ROAD COCONUT CREEK,FL 33073	59-2174510	501C3	1,500				SOCIAL SERVICES
FOOD PROGRAM AND CLOTHESLINE OF JACKSON 210 PEARL STREET JACKSON,OH 45640	26-3892719	501C3	8,418				SOCIAL SERVICES
GIRL SCOUTS OF OHIOS HEARTLAND COUNCIL1700 WATERMARK DRIVE COLUMBUS,OH 432151097	31-4379475	501C3	512				SOCIAL SERVICES
GIRL SCOUTS OF OHIOS HEARTLAND COUNCIL1700 WATERMARK DRIVE COLUMBUS,OH 432151097	31-4379475	501C3	1,018				SOCIAL SERVICES
GIRL SCOUTS OF OHIOS HEARTLAND COUNCIL1700 WATERMARK DRIVE COLUMBUS,OH 432151097	31-4379475	501C3	4,199				SOCIAL SERVICES
GIRL SCOUTS OF OHIOS HEARTLAND COUNCIL1700 WATERMARK DRIVE COLUMBUS,OH 432151097	31-4379475	501C3	10,037				SOCIAL SERVICES
GRADY MEMORIAL HOSPITAL561 WEST CENTRAL AVENUE DELAWARE,OH 43015	31-1763100	501C3	13,824				HEALTH
HARVARD UNIVERSITYLAW SCHOOL STUDENT FINANCIAL SERVICES 1585 MASSACHUSETTS AVENUE CAMBRIDGE,MA 02138	04-2103580	501C3	2,567				EDUCATION
HIGH POINT UNIVERSITY STUDENT ACCOUNTS OFFICE 833 MONTLIEU AVENUE HIGH POINT,NC 27262	56-0529999	501C3	500				EDUCATION
HOCKING COLLEGE3301 HOCKING PARKWAY NELSONVILLE,OH 45764	31-0794924	501C3	1,000				EDUCATION

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HOCKING COLLEGE3301 HOCKING PARKWAY NELSONVILLE,OH 45764	31-0794924	501C3	1,000				EDUCATION
HOPE CLINIC OF ROSS COUNTY INCPO BOX 864 CHILLICOTHE,OH 45601	45-2390821	501C3	5,000				HEALTH
INDIANA WESLEYAN UNIVERSITY4201 SOUTH WASHINGTON STREET MARION,IN 46953	35-0885591	501C3	1,100				EDUCATION
JACKSON CITY SCHOOLS 450 VAUGHN STREET JACKSON,OH 45640	31-6400579	501C3	2,500				EDUCATION
JACKSON CITY SCHOOLS 450 VAUGHN STREET JACKSON,OH 45640	31-6400579	501C3	2,800				EDUCATION
JACKSON COUNTY BOARD OF MRDDPO BOX 607 822 SELLERS DRIVE JACKSON,OH 45640	31-0936290	501C3	1,500				HEALTH
JACKSON COUNTY BOARD ON AGING INC25 EAST MOUND STREET JACKSON,OH 45640	31-0831594	501C3	3,000				HEALTH
JACKSON COUNTY HEALTH DEPARTMENTBJ ALLISON HEALTH CENTER 200 EAST MAIN STREET JACKSON,OH 456401716	31-6400071	501C3	5,000				HEALTH
JACKSON-VINTON COMMUNITY ACTION INC 118 SOUTH NEWYORK AVENUE WELLSTON,OH 45692	31-0716914	501C3	7,800				HEALTH
JUNIOR ACHIEVEMENT OF CENTRAL OHIO INC68 EAST 2ND AVENUE COLUMBUS,OH 43201	31-4385042	501C3	100,000				EDUCATION
JUNIOR ACHIEVEMENT OF NORTHWESTERN2239 CHEYENNE BLVD TOLEDO,OH 43614	34-4430363	501C3	1,000				EDUCATION
KENT STATE UNIVERSITY 131 MICHAEL SCHWARTZ CNTR - BURSAR OFC PO BOX 5190 KENT,OH 44242	31-6402079	501C3	1,500				EDUCATION
KENT STATE UNIVERSITY 131 MICHAEL SCHWARTZ CNTR - BURSAR OFC PO BOX 5190 KENT,OH 44242	31-6402079	501C3	1,635				EDUCATION
KENYON COLLEGE STEPHENS HALL GAMBIER,OH 43022	31-4379507	501C3	650				EDUCATION
KENYON COLLEGE STEPHENS HALL GAMBIER,OH 43022	31-4379507	501C3	650				EDUCATION
LAKE ERIE COLLEGE391 WEST WASHINGTON STREET PAINEVSVILLE,OH 44077	34-0733165	501C3	1,000				EDUCATION
LAKE ERIE COLLEGE391 WEST WASHINGTON STREET PAINEVSVILLE,OH 44077	34-0733165	501C3	10,000				EDUCATION
LAST ONE CHOSEN FOUNDATION DBA THOSE 54 WOODLAND AVENUE COLUMBUS,OH 43203	27-2178347	501C3	10,000				HEALTH
LAUNCH INC231 EAST MAIN STREET JACKSON,OH 45640	20-2817712	501C3	5,000				ADVANCING PHILANTHROPY
LEAGUE OF WOMEN VOTERS OF OHIO EDUCATION17 SOUTH HIGH STREET SUITE 650 COLUMBUS,OH 43215	31-1050638	501C3	1,041				URBAN AFFAIRS
LEAGUE OF WOMEN VOTERS OF OHIO EDUCATION17 SOUTH HIGH STREET SUITE 650 COLUMBUS,OH 43215	31-1050638	501C3	1,300				URBAN AFFAIRS
LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO500 WEST WILSON BRIDGE ROAD SUITE 245 WORTHINGTON,OH 43085	31-4412586	501C3	750				SOCIAL SERVICES
LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO500 WEST WILSON BRIDGE ROAD SUITE 245 WORTHINGTON,OH 43085	31-4412586	501C3	1,000				SOCIAL SERVICES
MALONE UNIVERSITY FINANCIAL AID OFFICE 2600 CLEVELAND AVENUE NW CANTON,OH 44709	34-0737794	501C3	300				EDUCATION
MARSHALL UNIVERSITY STUDENT FINANCIAL ASSISTANCE OLD MAIN 116 ONE JOHN MARSHALL DRIVE HUNTINGTON,WV 25755	55-6000789	501C3	726				EDUCATION
MARSHALL UNIVERSITY STUDENT FINANCIAL ASSISTANCE OLD MAIN 116 ONE JOHN MARSHALL DRIVE HUNTINGTON,WV 25755	55-6000789	501C3	726				EDUCATION
MEDICINE FOR MALI4605 80TH PLACE URBANDALE,IA 50322	42-1510787	501C3	1,000				HEALTH
MENNONITE FOUNDATION INCPO BOX 483 GOSHEN,IN 46527	35-6031936	501C3	25,000				RELIGION
MERCYHURST COLLEGE501 EAST 38TH STREET MAIN 115 ERIE,PA 16546	25-0965430	501C3	4,000				EDUCATION
MIAMI UNIVERSITY BURSARS OFFICE 301 S CAMPUS AVENUE ROOM 107 OXFORD,OH 450563439	31-6402089	501C3	1,000				EDUCATION

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MIDWEST CENTER FOR HOME HOSPICE AND855 SOUTH WALL STREET COLUMBUS,OH 43206	31-0966673	501C3	5,416				HEALTH
MIDWEST CENTER FOR HOME HOSPICE AND855 SOUTH WALL STREET COLUMBUS,OH 43206	31-0966673	501C3	6,304				HEALTH
MISSION OF OUR LADY OF MERCY DBA MERCY1140 WEST JACKSON BOULEVARD CHICAGO,IL 60607	36-2171726	501C3	10,000				SOCIAL SERVICES
MOUNT CARMEL COLLEGE OF NURSING127 SOUTH DAVIS AVENUE COLUMBUS,OH 43222	31-1308555	501C3	500				EDUCATION
MOUNT CARMEL HEALTH SYSTEM FDN6150 EAST BROAD STREET COLUMBUS,OH 43213	31-1113966	501C3	1,235				HEALTH
MOUNT UNION COLLEGE BUSINESS OFFICE 1972 CLARK AVENUE ALLIANCE,OH 44601	34-0714687	501C3	400				EDUCATION
MOUNT UNION COLLEGE BUSINESS OFFICE 1972 CLARK AVENUE ALLIANCE,OH 44601	34-0714687	501C3	1,469				EDUCATION
MOUNT VERNON NAZARENE UNIVERSITY 800 MARTINSBURG ROAD MOUNT VERNON,OH 43050	31-0725957	501C3	500				EDUCATION
MOUNT VERNON NAZARENE UNIVERSITY 800 MARTINSBURG ROAD MOUNT VERNON,OH 43050	31-0725957	501C3	1,500				EDUCATION
MURRAY STATE UNIVERSITYBURSARS OFFICE 200 SPARKS HALL MURRAY,KY 420713312	61-1005783	501C3	500				EDUCATION
MUSKINGUM UNIVERSITY STUDENT FINANCIAL SERVICES 163 STORMONT NEW CONCORD,OH 43762	31-4379515	501C3	500				EDUCATION
MUSKINGUM UNIVERSITY STUDENT FINANCIAL SERVICES 163 STORMONT NEW CONCORD,OH 43762	31-4379515	501C3	1,000				EDUCATION
NATIONAL CHURCH RESIDENCES2335 NORTH BANK DRIVE COLUMBUS,OH 43220	31-0651750	501C3	9,000				SOCIAL SERVICES
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
NOTRE DAME COLLEGE OF OHIOOFFICE OF STUDENT FINANCIAL ASSISTANCE 4545 COLLEGE ROAD EUCLID,OH 441214293	34-0714689	501C3	1,500				EDUCATION
OAK HILL UNION LOCAL SCHOOL DISTRICT205 WESTERN AVENUE OAK HILL,OH 45656	31-0731712	501C3	5,000				EDUCATION
OHIO ALLIANCE FOR ARTS EDUCATION77 SOUTH HIGH STREET 2ND FLOOR COLUMBUS,OH 432156108	31-1017260	501C3	6,000				EDUCATION
OHIO CHRISTIAN UNIVERSITY1476 LANCASTER PIKE CIRCLEVILLE,OH 43113	31-0971599	501C3	850				EDUCATION
OHIO CHRISTIAN UNIVERSITY1476 LANCASTER PIKE CIRCLEVILLE,OH 43113	31-0971599	501C3	3,500				EDUCATION
OHIO HUMANITIES COUNCIL471 EAST BROAD STREET SUITE 1620 COLUMBUS,OH 43215	31-0901572	501C3	1,847				ARTS AND HUMANITIES
OHIO HUMANITIES COUNCIL471 EAST BROAD STREET SUITE 1620 COLUMBUS,OH 43215	31-0901572	501C3	1,899				ARTS AND HUMANITIES
OHIO NORTHERN UNIVERSITY525 SOUTH MAIN STREET ADA,OH 45810	34-4429091	501C3	500				EDUCATION
OHIO NORTHERN UNIVERSITY525 SOUTH MAIN STREET ADA,OH 45810	34-4429091	501C3	1,500				EDUCATION
OHIO NORTHERN UNIVERSITY525 SOUTH MAIN STREET ADA,OH 45810	34-4429091	501C3	6,000				EDUCATION
OHIO STATE UNIVERSITY MEDICAL CENTER 660 ACKERMAN RD RM 635 PO BOX 183112 COLUMBUS,OH 43218	31-6025986	501C3	90,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	300				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	300				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	300				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	350				EDUCATION

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OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	400				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	400				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	726				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	726				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	726				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	1,100				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	2,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	2,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	2,300				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	2,300				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	3,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	4,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	10,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-1145986	501C3	12,500				EDUCATION
OHIO STATE UNIVERSITY FOUNDATIONCORPORATE AND FOUNDATION RELATIONS 1480 WEST LANE AVENUE COLUMBUS, OH 432213928	31-1145986	501C3	500				EDUCATION
OHIO STATE UNIVERSITY FOUNDATIONCORPORATE AND FOUNDATION RELATIONS 1480 WEST LANE AVENUE COLUMBUS, OH 432213928	31-1145986	501C3	1,250				EDUCATION
OHIO STATE UNIVERSITY FOUNDATIONCORPORATE AND FOUNDATION RELATIONS 1480 WEST LANE AVENUE COLUMBUS, OH 432213938	31-1145986	501C3	18,400				EDUCATION
OHIO STATE UNIVERSITY FOUNDATIONCORPORATE AND FOUNDATION RELATIONS 1480 WEST LANE AVENUE COLUMBUS, OH 432213938	31-1145986	501C3	20,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS, OH 45701	31-6402113	501C3	400				EDUCATION
OHIO UNIVERSITY020 CHUBB HALL ATHENS, OH 45701	31-6402113	501C3	500				EDUCATION

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OHIO UNIVERSITY020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	500				EDUCATION
OHIO UNIVERSITY020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	500				EDUCATION
OHIO UNIVERSITY020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	500				EDUCATION
OHIO UNIVERSITY020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	500				EDUCATION
OHIO UNIVERSITY020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	650				EDUCATION
OHIO UNIVERSITY020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	650				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	726				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	871				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	871				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	871				EDUCATION
OHIO UNIVERSITY020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	4,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	4,354				EDUCATION
OHIO UNIVERSITY020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	10,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	10,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	12,500				EDUCATION
OHIO WESLEYAN UNIVERSITY61 SOUTH SANDUSKY STREET DELAWARE,OH 43015	31-4379585	501C3	1,000				EDUCATION
OHIO WESLEYAN UNIVERSITY61 SOUTH SANDUSKY STREET DELAWARE,OH 43015	31-4379585	501C3	12,000				EDUCATION
OHIO WEST VIRGINIA YMCA INCPO BOX 239 400 MAIN STREET 2ND FLOOR POINT PLEASANT,WV 25550	55-0631259	501C3	986				SOCIAL SERVICES
OHIO WEST VIRGINIA YMCA INCPO BOX 239 400 MAIN STREET 2ND FLOOR POINT PLEASANT,WV 25550	55-0631259	501C3	1,284				SOCIAL SERVICES
OSU EXTENSION PICKAWAY COUNTYPO BOX 9 110 ISLAND ROAD SUITE B CIRCLEVILLE,OH 431130009	31-1145986	501C3	1,000				URBAN AFFAIRS
OSU EXTENSION ROSS COUNTY475 WESTERN AVENUE SUITE F CHILLICOTHE,OH 45601	31-1145986	501C3	1,000				EDUCATION
OTTERBEIN UNIVERSITY1 SOUTH GROVE STREET WESTERVILLE,OH 43081	31-4379532	501C3	1,500				EDUCATION
OTTERBEIN UNIVERSITY1 SOUTH GROVE STREET WESTERVILLE,OH 43081	31-4379532	501C3	2,300				EDUCATION
OTTERBEIN UNIVERSITY1 SOUTH GROVE STREET WESTERVILLE,OH 43081	31-4379532	501C3	4,000				EDUCATION

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PALATINES TO AMERICA PO BOX 141260 COLUMBUS,OH 43214	23-2253655	501C3	611				ARTS AND HUMANITIES
PALATINES TO AMERICA PO BOX 141260 COLUMBUS,OH 43214	23-2253655	501C3	797				ARTS AND HUMANITIES
PICKAWAY COUNTY COMMUNITY ACTION 469 EAST OHIO STREET PO BOX 67 CIRCLEVILLE,OH 43113	31-0722252	501C3	2,000				SOCIAL SERVICES
PICKAWAY COUNTY COMMUNITY ACTION 469 EAST OHIO STREET PO BOX 67 CIRCLEVILLE,OH 43113	31-0722252	501C3	20,000				SOCIAL SERVICES
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	2				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	2				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	2				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	2				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	7				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	9				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	9				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	9				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	14				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	14				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	15				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	15				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	15				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	15				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	15				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	15				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	16				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	16				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	16				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	21				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	22				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	23				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	23				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	25				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	25				ADVANCING PHILANTHROPY

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PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	26				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	26				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	29				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	30				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	30				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	31				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	31				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	32				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	32				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	33				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	33				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	33				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	33				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	33				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	33				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	33				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	33				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	34				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	34				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	42				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	44				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	45				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	46				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	47				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	53				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	58				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	58				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	61				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	64				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	65				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	65				ADVANCING PHILANTHROPY



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PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	67				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	70				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	75				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	76				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	82				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	93				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	98				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	99				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	106				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	114				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	116				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	120				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	121				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	122				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	122				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	123				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	130				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	146				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	152				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	153				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	164				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	250				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	416				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	456				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	500				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	700				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	900				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	991				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	1,642				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	2,700				ADVANCING PHILANTHROPY

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PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	3,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	5,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	5,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	5,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	5,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	6,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	6,425				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	9,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	9,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	10,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	15,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	23,750				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	25,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	26,900				ADVANCING PHILANTHROPY
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	292				EDUCATION
PICKAWAY COUNTY DISTRICT PUBLIC LIBRARY 1160 NORTH COURT STREET CIRCLEVILLE,OH 43113	31-6401655	501C3	292				EDUCATION
PICKAWAY COUNTY FARM BUREAU FOUNDATION 22058 BOLENDER-PONTIOUS ROAD CIRCLEVILLE,OH 43113	33-1110417	501C3	1,286				URBAN AFFAIRS
PICKAWAY COUNTY HISTORICAL SOCIETYP O BOX 85 CIRCLEVILLE,OH 43113	31-1596155	501C3	454				ARTS AND HUMANITIES
PICKAWAY COUNTY HISTORICAL SOCIETYP O BOX 85 CIRCLEVILLE,OH 43113	31-1596155	501C3	454				ARTS AND HUMANITIES
PICKAWAY COUNTY HISTORICAL SOCIETYP O BOX 85 CIRCLEVILLE,OH 43113	31-1596155	501C3	595				ARTS AND HUMANITIES
PICKAWAY COUNTY HISTORICAL SOCIETYP O BOX 85 CIRCLEVILLE,OH 43113	31-1596155	501C3	790				ARTS AND HUMANITIES
PICKAWAY ROSS COUNTY JOINT VOCATIONAL 895 CROUSE CHAPEL ROAD CHILLICOTHE,OH 45601	31-0817518	501C3	871				EDUCATION
PICKAWAY ROSS COUNTY JOINT VOCATIONAL 895 CROUSE CHAPEL ROAD CHILLICOTHE,OH 45601	31-0817518	501C3	6,000				EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF CENTR711 E LIVINGSTON AVENUE COLUMBUS,OH 43205	31-0890152	501C3	2,500				SOCIAL SERVICES
ROSS COUNTY COALITION AGAINST DOMESTIC 43 NORTH PAINT STREET PO BOX 1727 CHILLICOTHE,OH 45601	31-1044779	501C3	5,000				SOCIAL SERVICES
ROSS COUNTY COALITION AGAINST DOMESTIC 43 NORTH PAINT STREET PO BOX 1727 CHILLICOTHE,OH 45601	31-1044779	501C3	5,000				SOCIAL SERVICES
ROSS COUNTY COMMUNITY ACTION COMMISSION 603 CENTRAL CENTER CHILLICOTHE,OH 45601	31-6059908	501C3	10,000				SOCIAL SERVICES
ROSS COUNTY JOB AND FAMILY SERVICES 475 WESTERN AVENUE SUITE B PO BOX 469 CHILLICOTHE,OH 45601	31-6400085	501C3	2,000				SOCIAL SERVICES
ROSS COUNTY VETERANS COUNCIL PO BOX 6078 CHILLICOTHE,OH 45601	31-1357929	501C3	5,000				ARTS AND HUMANITIES

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RUTHERFORD B HAYES PRESIDENTIAL CENTER SPIEGEL GROVE FREMONT,OH 434202796	34-6502740	501C3	5,000				URBAN AFFAIRS
SALT FACTORY INCPO BOX 67 CAMBRIDGE,OH 43725	31-1356791	501C3	1,365				SOCIAL SERVICES
SAINT JOSEPH CENTRAL CATHOLIC HIGH SCHOO 702 CROGHAN STREET FREMONT,OH 43420	34-0905004	501C3	2,000				EDUCATION
SAINT JOSEPH CENTRAL CATHOLIC HIGH SCHOO 702 CROGHAN STREET FREMONT,OH 43420	34-0905004	501C3	2,000				EDUCATION
SAINT PAULS OUTREACH 161 EAST PATTERSON AVENUE COLUMBUS,OH 43202	41-1621192	501C3	1,000				RELIGION
SAINT PAULS OUTREACH 161 EAST PATTERSON AVENUE COLUMBUS,OH 43202	41-1621192	501C3	11,000				RELIGION
SAINT PAULS UNITED METHODIST CHURCH46 MADISON STREET PO BOX 817 TIFFIN,OH 448830817	34-6401272	501C3	250				SOCIAL SERVICES
SALVATION ARMY CORPS OF TIFFIN OHIO45 SOUTH MONROE STREET PO BOX 341 TIFFIN,OH 44883	13-5562351	501C3	3,250				SOCIAL SERVICES
SANDUSKY COUNTY COMMUNITIES FOUNDATI C/O THE CROGHAN COLONIAL BANK 323 CROGHAN STREET FREMONT,OH 43420	20-8314921	501C3	18,261				ADVANCING PHILANTHROPY
SANDUSKY COUNTY COMMUNITIES FOUNDATI C/O THE CROGHAN COLONIAL BANK 323 CROGHAN STREET FREMONT,OH 43420	20-8314921	501C3	25,653				ADVANCING PHILANTHROPY
SCIOTO SOCIETY INC216 FRESHOUR ROAD PO BOX 73 CHILLICOTHE,OH 45601	31-0791031	501C3	9,630				ARTS AND HUMANITIES
SENECA COUNTY AGENCY TRANSPORTATION3140 SOUTH ST RT 100 SUITE F PO BOX 922 TIFFIN,OH 44883	34-1762284	501C3	500				SOCIAL SERVICES
SHAWNEE STATE UNIVERSITYOFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	650				EDUCATION
SHAWNEE STATE UNIVERSITYOFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	650				EDUCATION
SIMON KENTON COUNCIL BOY SCOUTS OF807 KINNEAR ROAD COLUMBUS,OH 43212	31-4388520	501C3	5,000				SOCIAL SERVICES
SOUTH CENTRAL OHIO BIG BROTHER BIG SISTE173 WEST SECOND STREET CHILLICOTHE,OH 456013113	31-0968026	501C3	2,000				SOCIAL SERVICES
SOUTHERN OHIO STORYTELLING INCPO BOX 1666 CHILLICOTHE,OH 45601	81-0659567	501C3	4,400				ARTS AND HUMANITIES
STERLING PUBLIC SCHOOLS400 SOUTH TIGER STREET STERLING,OK 73567	73-0786404	501C3	5,000				EDUCATION
STERLING PUBLIC SCHOOLS400 SOUTH TIGER STREET STERLING,OK 73567	73-0786404	501C3	15,900				EDUCATION
STERLING PUBLIC SCHOOLS400 SOUTH TIGER STREET STERLING,OK 73567	73-0786404	501C3	18,292				EDUCATION
TEAYS VALLEY CIVIC ASSOCIATION35 PARK STREET ASHVILLE,OH 43103	31-1374718	501C3	2,000				ARTS AND HUMANITIES
TERRA COLLEGE FOUNDATION2830 NAPOLEON ROAD FREMONT,OH 43420	34-1650500	501C3	3,000				EDUCATION
THE WESTFALL EDUCATION FOUNDATION 19463 PHERSON PIKE WILLIAMSPORT,OH 43164	20-4951223	501C3	79				EDUCATION
THE WESTFALL EDUCATION FOUNDATION 19463 PHERSON PIKE WILLIAMSPORT,OH 43164	20-4951223	501C3	200				EDUCATION
THE WESTFALL EDUCATION FOUNDATION 19463 PHERSON PIKE WILLIAMSPORT,OH 43164	20-4951223	501C3	500				EDUCATION
THE WESTFALL EDUCATION FOUNDATION 19463 PHERSON PIKE WILLIAMSPORT,OH 43164	20-4951223	501C3	500				EDUCATION
THE WESTFALL EDUCATION FOUNDATION 19463 PHERSON PIKE WILLIAMSPORT,OH 43164	20-4951223	501C3	500				EDUCATION
THE WESTFALL EDUCATION FOUNDATION 19463 PHERSON PIKE WILLIAMSPORT,OH 43164	20-4951223	501C3	2,000				EDUCATION
TIFFIN COMMUNITY YMCA RECREATION CENTER180 SUMMIT STREET TIFFIN,OH 44883	34-4479386	501C3	5,000				SOCIAL SERVICES
TIFFIN SENECA PUBLIC LIBRARY77 JEFFERSON STREET TIFFIN,OH 44883	34-6401401	501C3	600				SOCIAL SERVICES

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TIFFIN SENECA TEEN CENTERPO BOX 1063 TIFFIN,OH 448831063	34-1725281	501C3	1,000				SOCIAL SERVICES
TIFFIN UNIVERSITY155 MIAMI STREET TIFFIN,OH 44883	34-4427516	501C3	2,300				EDUCATION
TUCSON MEDICAL CENTER FOUNDATION5301 EAST GRANT ROAD TUCSON,AZ 85712	86-0504015	501C3	100				HEALTH
TURNING POINTE AUTISM FOUNDATIONPO BOX 9203 NAPERVILLE,IL 60567	26-1286022	501C3	5,000				HEALTH
UNITED WAY TIFFIN SENECA201 SOUTH WASHINGTON STREET PO BOX 368 TIFFIN,OH 44883	34-6401399	501C3	1,200				SOCIAL SERVICES
UNITED WAY TIFFIN SENECA201 SOUTH WASHINGTON STREET PO BOX 368 TIFFIN,OH 44883	34-6401399	501C3	3,000				SOCIAL SERVICES
UNITED WAY TIFFIN SENECA201 SOUTH WASHINGTON STREET PO BOX 368 TIFFIN,OH 44883	34-6401399	501C3	15,000				SOCIAL SERVICES
UNIVERSITY DISTRICT ORGANIZATION INC2231 NORTH HIGH STREET SUITE 200 COLUMBUS,OH 432011101	31-0805765	501C3	20,000				URBAN AFFAIRS
UNIVERSITY OF AKRON302 BUCHTEL COMMON AKRON,OH 44325	34-6002924	501C3	506				EDUCATION
UNIVERSITY OF AKRON302 BUCHTEL COMMON AKRON,OH 44325	34-6002924	501C3	1,000				EDUCATION
UNIVERSITY OF AKRON302 BUCHTEL COMMON AKRON,OH 44325	34-6002924	501C3	5,000				EDUCATION
UNIVERSITY OF CINCINNATISTUDENT ACCOUNTS OFFICE PO BOX 210140 CINCINNATI,OH 452210140	31-6000989	501C3	1,500				EDUCATION
UNIVERSITY OF CINCINNATISTUDENT ACCOUNTS OFFICE PO BOX 210140 CINCINNATI,OH 452210140	31-6000989	501C3	2,000				EDUCATION
UNIVERSITY OF FINDLAY ATTN FINANCIAL AID 1000 NORTH MAIN STREET FINDLAY,OH 45840	34-4431169	501C3	3,000				EDUCATION
UNIVERSITY OF KENTUCKY STUDENT FINANCIAL AID OFFICE 128 FUNKHOUSER BUILDING LEXINGTON,KY 405060054	61-6001218	501C3	350				EDUCATION
UNIVERSITY OF KENTUCKY STUDENT FINANCIAL AID OFFICE 128 FUNKHOUSER BUILDING LEXINGTON,KY 405060054	61-6001218	501C3	1,000				EDUCATION
UNIVERSITY OF OKLAHOMA FOUNDATION 100 TIMBERDELL ROAD NORMAN,OK 730190685	73-6091755	501C3	10,000				EDUCATION
UNIVERSITY OF OKLAHOMA FOUNDATION 100 TIMBERDELL ROAD NORMAN,OK 730190685	73-6091755	501C3	10,000				EDUCATION
UNIVERSITY OF PITTSBURGHG-7 THACKERAY HALL PITTSBURGH,PA 15260	25-0965591	501C3	4,000				EDUCATION
UNIVERSITY OF RIO GRANDEACCOUNTING OFFICE PO BOX 500 RIO GRANDE,OH 45674	31-4379537	501C3	500				EDUCATION
UNIVERSITY OF TOLEDO OFFICE OF FINANCIAL AID 2801 WEST BANCROFT STREET MS 314 TOLEDO,OH 436063390	34-6401483	501C3	1,000				EDUCATION
UNIVERSITY OF TOLEDO OFFICE OF FINANCIAL AID 2801 WEST BANCROFT STREET MS 314 TOLEDO,OH 436063390	34-6401483	501C3	4,000				EDUCATION
US DEPARTMENT OF STATE M/FA-ROOM 8213 2201 C STREET NW WASHINGTON,DC 20520	53-0200682	501C3	500				URBAN AFFAIRS
WEECARE OUTREACH INC 16 SOUTH WALNUT STREET PO BOX 509 CHILLICOTHE,OH 45601	20-2011289	501C3	6,000				SOCIAL SERVICES
WESTERVILLE AREA RESOURCE MINISTRY175 A EAST BROADWAY WESTERVILLE,OH 43081	31-1640355	501C3	24,000				SOCIAL SERVICES
WHEELING JESUIT UNIVERSITYFINANCIAL AID OFFICE 316 WASHINGTON AVENUE WHEELING,WV 26003	55-0394213	501C3	1,500				EDUCATION
WILLIAMSPORT UNITED METHODIST CHURCHPO BOX 179 WILLIAMSPORT,OH 43164	31-0933480	501C3	500				RELIGION
WILLIAMSPORT UNITED METHODIST CHURCHPO BOX 179 WILLIAMSPORT,OH 43164	31-0933480	501C3	500				RELIGION
WILMINGTON COLLEGE STUDENT ONE STOP 1870 QUAKER WAY PYLE CENTER 1184 WILMINGTON,OH 45177	31-0537514	501C3	350				EDUCATION
WILMINGTON COLLEGE 1870 QUAKER WAY WILMINGTON,OH 45177	31-0537514	501C3	300,000				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
WILMINGTON COLLEGE 1870 QUAKER WAY WILMINGTON,OH 45177	31-0537514	501C3	300,000				EDUCATION
WITTENBERG UNIVERSITY PO BOX 720 SPRINGFIELD,OH 45501	31-0537177	501C3	871				EDUCATION
WITTENBERG UNIVERSITY PO BOX 720 SPRINGFIELD,OH 45501	31-0537177	501C3	1,000				EDUCATION
WITTENBERG UNIVERSITY PO BOX 720 SPRINGFIELD,OH 45501	31-0537177	501C3	1,000				EDUCATION
WRIGHT STATE UNIVERSITYOFFICE OF THE BURSAR E236 STUDENT UNION 3640 COLONEL GLENN HIGHWAY DAYTON,OH 45435	31-0732831	501C3	500				EDUCATION
WRIGHT STATE UNIVERSITYOFFICE OF THE BURSAR E236 STUDENT UNION 3640 COLONEL GLENN HIGHWAY DAYTON,OH 45435	31-0732831	501C3	500				EDUCATION
WRIGHT STATE UNIVERSITYOFFICE OF THE BURSAR E236 STUDENT UNION 3640 COLONEL GLENN HIGHWAY DAYTON,OH 45435	31-0732831	501C3	650				EDUCATION
WRIGHT STATE UNIVERSITYOFFICE OF THE BURSAR E236 STUDENT UNION 3640 COLONEL GLENN HIGHWAY DAYTON,OH 45435	31-0732831	501C3	3,000				EDUCATION
WWP INC DBA WOUNDED WARRIOR PROJECT4899 BELFORT ROAD SUITE 300 JACKSONVILLE,FL 32256	20-2370934	501C3	1,500				SOCIAL SERVICES
YOUNG MENS CHRISTIAN ASSOC SANDUSKY1000 NORTH STREET FREMONT,OH 43420	34-4444246	501C3	5,000				SOCIAL SERVICES
ZANE STATE COLLEGEFIN AID OFFICE COLLEGE HALL ROOM C-134 1555 NEWARK ROAD ZANESVILLE,OH 43701	31-0796550	501C3	1,000				EDUCATION
ZION EVANGELICAL LUTHERAN CHURCHC/O 242 CHAPEL ROAD WHEELING,WV 26003	55-0461860	501C3	1,235				RELIGION

Schedule J (Form 990)  <div>Department of the Treasury Internal Revenue Service</div>	Compensation Information  For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  ▶ <b>Complete if the organization answered "Yes" to Form 990, Part IV, question 23.</b>  ▶ <b>Attach to Form 990. ▶ See separate instructions.</b>	OMB No 1545-0047
		2012
		Open to Public Inspection

Name of the organization COMMUNITY FOUNDATIONS INC	Employer identification number  31-1197385
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Part I	Questions Regarding Compensation		Yes	No
1a	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			
	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
1b	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 of the expenses described above? If "No," complete Part III to explain			
2	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?			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
4	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			
4a	Receive a severance payment or change-of-control payment?			No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			No
4c	Participate in, or receive payment from, an equity-based compensation arrangement?			No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	<b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b>			
5	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			
5a	The organization?			No
5b	Any related organization?			No
	If "Yes," to line 5a or 5b, describe in Part III			
6	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			
6a	The organization?			No
6b	Any related organization?			No
	If "Yes," to line 6a or 6b, describe in Part III			
7	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			No
8	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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DOUGLAS F KRIDLER, PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	326,137	0	0	86,273	23,284	435,694	0
(2) RAYMOND J BIDDISCOMBE, CPA, SENIOR VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	181,085	0	0	23,579	17,320	221,984	0
(3) BETH FISHER, VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	155,162	0	0	1,315	23,842	180,319	0

**Part III**   **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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.**

**2012**

**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 9	BOOK/TAX INCOME DIFFERENCE ON PASS THROUGH INCOME 24,182 NET TRANSFERS FROM (TO) RELATED FOUNDATIONS -88,935 GRANTS RESCINDED FROM PRIOR YEARS 13,550 GRANT REFUNDS 10,575
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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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

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 or (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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s 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

1s

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE COLUMBUS FOUNDATION	M	278,760	FMV OF SERVICES RENDERED
(2) THE COLUMBUS FOUNDATION	R	102,735	CASH PAYMENT
(3) THE COLUMBUS FOUNDATION	S	13,800	CASH PAYMENT

Schedule R (Form 990) 2012

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