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## Form 990-PF

### **Return of Private Foundation**

## or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052 Open to Public Inspection

		ent of the Treasury Revenue Service	Note. The foundation may be abl	le to use a copy of this retur		orting r	requirements O	pen to Public Inspection
			or tax year beginning	, a	nd ending			
N	ame	of foundation				AE	Employer identification nu	mber
TH	e M	lotorists Insurance (	Group Foundation FKA The Motor	rists Insurance Compa	anies Foundatio	,	31-1712	343
			number if mail is not delivered to street add		Room/suite		Telephone number (see inst	
47	1 Ea	ast Broad ST					614/225-	3861
		town, state, and ZIP code	e			C If	exemption application is pe	-
Co	ılum	ibus		ОН	43215-3861	"	exemption application is pe	inding, check here
_		eck all that apply	Initial return Initi	al return of a former p		<b>1</b> 1	. Foreign organizations, che	ock here
_	•			ended return				_
				ne change		2.	<ul> <li>Foreign organizations mee check here and attach cor</li> </ul>	- · -
	Ch	eck type of organiz	<del></del>			1	cricox nore and attach cor	Inputation
		• • •	_	Other taxable private			private foundation status w	
<u>_</u>			<u> </u>			. "	nder section 507(b)(1)(A), c	neck nere
J		ir market value of a		method. X Casi	h		the foundation is in a 60-me nder section 507(b)(1)(B), o	_
		year ( <i>from Part II, c</i> e 16) <b>⊳ \$</b>	259,231 (Part I, column		cic 1	"	nder section 507(b)(1)(b), c	lieck fiele
P:	art I		venue and Expenses (The total of		]	L	T	(d) Disbursements
		•	(b), (c), and (d) may not necessarily equal	(a) Revenue and · expenses per	(b) Net investm	ent	(c) Adjusted net	for chantable
			nn (a) (see instructions) )	books	income		income	purposes (cash basis only)
_	1	Contributions afts o	grants, etc., received (attach schedule)	706		, 43.5	2 2 3 1 2 N A 2 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	'2		oundation is <b>not</b> required to attach Sch. B	700			Sec. 2000	
	3	_	s and temporary cash investments	97	\$ • ****** ' \ '	97		
	4	-	erest from securities	7		7		
	5	a Gross rents .				· · ·		
		b Net rental income	or (loss)		46 (# <b>)</b> 81 (#)		7.2	45
ĭ	6		from sale of assets not on line 10	351,253		, ,	100	
ě		<b>b</b> Gross sales price for		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	25. 20. 2 (2)	έź .	: 40 % & E X 324	GOLDAN CO.
Revenue	7	•	come (from Part IV, line 2)	The state of the s	35	1,253	7 P. S.	KK 1828 1 2 1 2 1
ш.	8	Net short-term cap			14. A. A. D. F			A 784 A 484
	9	Income modification	ons					
	10	a Gross sales less retu	rns and allowances	to a bush to the		¥ (	( - , d)	
		b Less Cost of good	ds sold			<b>(</b> (1)	, T. 129, 1884	
		·	ss) (attach schedule)		43-24-04-6	83.		Signatur (1960)
	11	Other income (atta	•					38.86
	12	Total. Add lines 1	through 11	352,063	35	1,357	0	
S	13	Compensation of	officers, directors, trustees, etc					
SE SE	14	Other employee s	alaries and wages O-SU					
ē	15	Pension plans, en	nployee benefits					
ŭ	16	a Legal fees (attach						
ě		b Accounting fees (a		1 145		1 045		<u> </u>
ativ	47	•	I fees (attack schedule)	1,145		1,045		
str	17 18	Interest .	edule) (see instructions)	4,000				
Ë	19		ch schedule and depletion	4,000				
E	20	Occupancy					<u></u>	Pro 2
¥	21	Travel, conference	1 1 1					-
Operating and Administrative Expens	22	Printing and public	~~~					
<u>a</u>	23	Other expenses (a						
ing	24	•	and administrative expenses.					<del>-</del>
rat		Add lines 13 throu	-	5,145		1,045	l o	o
þe	25	Contributions, gifts	-	310,566				310,566
0	26		disbursements. Add lines 24 and 25	315,711		1,045	0	310,566
_	27	Subtract line 26 fro	<del> </del>					
			over expenses and disbursements	36,352				
			ncome (if negative, enter -0-)		350	312	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

For Paperwork Reduction Act Notice, see instructions.

c Adjusted net income (if negative, enter -0-)

SCANNED MAY 0 3

	-	The Motorists insulance Group Foundation FNA The Motor		panies Foundation	-1/12343 Pa	age ∠
Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End	of year	
		should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Va	alue
	1	Cash—non-interest-bearing	109,243	94,677	94	1,677
	2	Savings and temporary cash investments .	9,200	59,618	59	,618
•	3	Accounts receivable			· 👔 3 .	<u>.</u>
	1	Less: allowance for doubtful accounts				
	4	Pledges receivable	* * \$		Ž,	
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other			· · · · · · · · · · · · · · · · · · ·	
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)	1 186 18 30	8 <b>3.</b> 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Million All In	45.
		Less allowance for doubtful accounts	<u></u>	***************************************	1962	
S	8	Inventories for sale or use				
iet	9	Prepaid expenses and deferred charges		· · · · · · · · · · · · · · · · · · ·		
Assets	1 -	a Investments—U.S. and state government obligations (attach schedule)	······	<del></del>		
Q	.~		FO 200	E0 000	404	
		b Investments—corporate stock (attach schedule)	59,309	59,808	104	,936
		c Investments—corporate bonds (attach schedule)	2.0	*****************************	7/40 March 1980	w >
	11	Investments—land, buildings, and equipment basis			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 138m
		Less accumulated depreciation (attach schedule)		·		
	12	Investments—mortgage loans		·	,	
	13	Investments—other (attach schedule)			.,	
	14	Land, buildings, and equipment basis ▶	i Ada Air			<u> </u>
		Less accumulated depreciation (attach schedule)				
	15	Other assets (describe )			<u> </u>	
	16	Total assets (to be completed by all filers—see the				
		instructions Also, see page 1, item I)	177,752	214,103	259	,231
	17	Accounts payable and accrued expenses		-	4.00	
S	18	Grants payable	-			Ş
Liabilities	19	Deferred revenue				Higgs
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons				er e
iak	21	Mortgages and other notes payable (attach schedule)				Ĺ
_	22	Other liabilities (describe				
	23	Total liabilities (add lines 17 through 22)	0	0		Ĺ.
					<b>'</b>	
es		Foundations that follow SFAS 117, check here .				
ances	24	and complete lines 24 through 26 and lines 30 and 31.			1 4 8 C 1	
<u>a</u>		Unrestricted			,", "	
ã	25	Temporarily restricted				
ď	26	Permanently restricted				•
or Fund Bal		Foundations that do not follow SFAS 117, check here				: <b>\$</b>
Ĕ		and complete lines 27 through 31.			<b>4.</b> ,	<b>13</b>
S	27	Capital stock, trust principal, or current funds	· · · -		<u>.</u>	4
Net Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			[ ^ · · · / 🕸 · · /	••
155	29	Retained earnings, accumulated income, endowment, or other funds	177,752	214,103	4	
ît A	30	Total net assets or fund balances (see instructions)	177,752	214,103	St. per 👸	zář
Š	31	Total liabilities and net assets/fund balances (see				,*
		instructions)	177,752	214,103	33	**************************************
Pa	rt III					
1	Tota	I net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with			
	end	-of-year figure reported on prior year's return)		1	177	,752
2	Ente	er amount from Part I, line 27a		2		,352
3	Oth	er increases not included in line 2 (itemize)		3		
4	Add	lines 1, 2, and 3		. 4	214	,104
5	Dec	reases not included in line 2 (itemize)		5		
6		I net assets or fund balances at end of year (line 4 minus line 5)—Part II, co	lumn (b), line 30	. 6	214	,104
					1 - 7	,

214,104

Capital Gallis a	HU LUSSES IOI TAX UII HIVE	Suneni	<u>IIICUII</u>	ie			
	he kind(s) of property sold (e g , real esta use, or common stock, 200 shs MLC Co			(b) How acquired P—Purchase D—Donation		eate acquired o , day, yr )	(d) Date sold (mo , day, yr )
1a Chubb				D		5/8/2012	5/11/2012
b				•			
C							
d							_
<u>e</u>							
(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis use of sale		(h) Gain o (e) plus (f) n	
<b>a</b> 351,706	S			453			351,253
_b							
C							-
d							
<u>e</u>							·
Complete only for assets sho	wing gain in column (h) and owned					(I) Gains (Col (h	• =
(i) F M V as of 12/31/69	(j) Adjusted basis	_	-	s of col (ı)		col (k), but not les	·
_	as of 12/31/69		over coi	(j), if any		Losses (from	
<u>a</u>							351,253
<u>b</u>							
d	<del> </del>						<del></del>
							<del></del>
	(If gain a	also enter i	n Dart	Lline 7	Т		
2 Capital gain net income or	(net capital loss) { If (loss),				2		351,253
3 Net short-term capital gain	or (loss) as defined in sections			1, 11.10 /			331,233
	line 8, column (c) (see instructi			nter -0-			
in Part I, line 8			/,	}	3		351,253
Part V Qualification Un	der Section 4940(e) for Re	educed 1	ax or	Net Investm	ent In	come	551,255
(For optional use by domestic							
	-	io ocolion	1010(	a) tax on not inve	30111011	t income j	
If section 4940(d)(2) applies, le	eave this part blank						
Was the foundation liable for th	ne section 4942 tax on the distri	butable ar	nount	of any year in the	e base	period?	Yes X No
If "Yes," the foundation does no	ot qualify under section 4940(e)	. Do not c	omplet	te this part			
1 Enter the appropriate am	ount in each column for each ye	ear; see th	e instr	uctions before m	akıng a	any entries	
(a)	(b)			(c)	Ĭ		(d)
Base period years Calendar year (or tax year beginning	Adjusted qualifying distribution	ns Net	value of	noncharitable-use as	ssets		ution ratio
2011		1,700		151	,842	(coi (b) divi	ded by col (c)) 3 172377
2010		9,552	<del>-</del>		,781	<del></del>	1 365713
2009		0,010			136		2 485347
2008		9,711			,515		1 974971
2007		3,863			074		2 240083
		- <u> 1</u>			10.7		
2 Total of line 1, column (d)						2	11 238491
3 Average distribution ratio for	or the 5-year base period—divid	e the total	l on lin	e 2 by 5, or by			
	undation has been in existence				.	3	2 247698
			•				
4 Enter the net value of nonc	charitable-use assets for 2012 fi	rom Part X	i, line 5	5		4	175,003
5 Multiply line 4 by line 3						5	393,354
6 Enter 1% of net investment							
	t income (1% of Part I, line 27b)	)				6	3,503
7 Add lines 5 and 6	t income (1% of Part I, line 27b)	)					
7 Add lines 5 and 6	t income (1% of Part I, line 27b)	)				7	3,503 396,857
		)				7	396,857
8 Enter qualifying distribution			4 b		-	8	396,857 310,566

_	990-PF (2012) The Motorists Insurance Group Foundation FKA The I				Pa	ige 4
Par	t VI Excise Tax Based on Investment Income (Section 4	1940(a), 4940(	b), 4940(e), or 4948—see in	structions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here Date of ruling or determination letter (attach copy of let		1 / / 186 196	4		
•	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% of Part I, line 27b					\$ -
С	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  Add lines 1 and 2					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable found	dations only Oth	hers enter -0-)		,006	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or les	-		7	,006	
6	Credits/Payments·				洪洪	
а	2012 estimated tax payments and 2011 overpayment credited to 2012 .	6a	4,676			
þ	Exempt foreign organizations—tax withheld at source	6b			7	
С	Tax paid with application for extension of time to file (Form 8868)	6c		45 5 44	, i	
d	Backup withholding erroneously withheld	6d				
7	Total credits and payments Add lines 6a through 6d		7	4	,676	
8		Form 2220 is at	<b>—</b> ———————————————————————————————————		3	<u> </u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	2	2,333	<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amo	ount overpaid	10		0	<u> </u>
11	Enter the amount of line 10 to be Credited to 2013 estimated tax		Refunded ► 11		0	L
Par	t VII-A Statements Regarding Activities					
1 a	During the tax year, did the foundation attempt to influence any national, state	te, or local legis	lation or did it		Yes	No
	participate or intervene in any political campaign?			1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for (	political purpose	es (see			
	Instructions for the definition)?		•	1b	000.00a	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activit	ties and copies	of any matenals			
	published or distributed by the foundation in connection with the activities			201		لنتيت
	Did the foundation file Form 1120-POL for this year?		•	1c	Sherike ( All	X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) impo			, , ,		
_	(1) On the foundation > \$ (2) On foundation		-	<del></del>		
е	Enter the reimbursement (if any) paid by the foundation during the year for p	olitical expendi	ture tax imposed	, ,,		3.5
2	on foundation managers  \$		DC2	2		X
2	Has the foundation engaged in any activities that have not previously been in If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in		•	ــــــــــــــــــــــــــــــــــــــ	عالمند	النالك
4 -	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a co	• •	<del>-</del>	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more	during the year		4a	N1/A	X
_	If "Yes," has it filed a tax return on Form 990-T for this year?	·		4b	N/A	<del>├</del> ┯
5	Was there a liquidation, termination, dissolution, or substantial contraction di If "Yes," attach the statement required by General Instruction T	uring the year?		3	*2	X
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	45) estiction oit	hor		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
•	By language in the governing instrument, or	-10) Salislied Citi			3,	
	By state legislation that effectively amends the governing instrument so the state legislation in the state of the st	hat no mandato	ry directions		٠	1
	that conflict with the state law remain in the governing instrument? .	nat no managa	iy anoshono	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year	r? If "Yes." com	plete Part II. col. (c), and Part X		X	
	Enter the states to which the foundation reports or with which it is registered		•	"		数梁: (
	ОН	••••	,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form	990-PF to the A	ttorney			
	General (or designate) of each state as required by General Instruction G?			8b		X
9	Is the foundation claiming status as a private operating foundation within the		•	7	125	5
	or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (s complete Part XIV	-	** * *	9	, manufikan	Х
10	Did any persons become substantial contributors during the tax year? If "Yes	s," attach a sch	edule listing			

their names and addresses

10

Form	1 ne motorists insurance Group Foundation FKA The motorists insurance Companies Foundation-171	<u> 2343</u>	Pa	age 🕽
Pari	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_X_
<b>1</b> 2	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12	<del>-,  </del>	_ <u>X</u> _
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X	
	Website address ► Guidestar com			
14	The books are in care of ► Joel Kratzer, Motorists Mutual Insurance Co Telephone no ► 614/225-832	<u>:/</u>		
	Located at ► 471 East Broad Street Columbus OH ZIP+4 ► 43215-3861			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	i.		· []
	and enter the amount of tax-exempt interest received or accrued during the year		<del>,</del> 1	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority	امدا	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	5 3005	X 
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of		8 34	33
_	the foreign country		- 334	80° (
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	∏ê~c , I	I	
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1988 1188 1	Yes	No
1a	During the year did the foundation (either directly or indirectly):		13/2	*1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		3.4	
	a disqualified person? Yes X No	Ϋ́		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . Yes X No	8.3		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		*	Ť
	for the benefit or use of a disqualified person)? Yes X No			· · · ·
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		7	- 1
	If the foundation agreed to make a grant to or to employ the official for a period	10 	3 .	3
	after termination of government service, if terminating within 90 days ) . Yes X No	[ <del>*,</del> , ]		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	التستأ	X	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	757 1
	Organizations relying on a current notice regarding disaster assistance check here		' ( ; t	X'
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,		/ <u>/ '</u>	
_	that were not corrected before the first day of the tax year beginning in 2012?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	4	3, 0	
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		, 4	
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?  Yes X No	Š., 2	4	
	· · · · · · · · · · · · · · · · · · ·			
b	If "Yes," list the years 20, 20, 20, 20  Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		¥ 11 (4)	× %.
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	3 25.	,	
	to all years listed, answer "No" and attach statement—see instructions)	2b	N/A	المستخشدا
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		د ۱۸۰۰	37.1
•	► 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	<u> </u>		X ,
	enterprise at any time during the year?	, ,		
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation			,1
_	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved	<b>*</b> •		
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			l
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine		304	
	if the foundation had excess business holdings in 2012)	3b	N/A	,
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			(X <sub>0</sub> )
	purpose that had not been removed from leopardy before the first day of the tax year beginning in 2012?	4b		Х

Forn	m 990-PF (2012) The Motorists Insurance Gro	up Foundation FKA T	he Motorists Insurar	nce Companie	s Founda	tio31-17	12343 Page <b>6</b>
Pa	art VII-B Statements Regarding Activ						
	During the year did the foundation pay or incur ar						(# 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1
	(1) Carry on propaganda, or otherwise attempt	= -	(section 4945(e))? .	. [	Yes	X No	
	(2) Influence the outcome of any specific public	_		_			
•	on, directly or indirectly, any voter registration	•		ſ	Yes	X No	
	(3) Provide a grant to an individual for travel, si	udy or other similar nui	moses?	រី	Yes	X No	
	(4) Provide a grant to an organization other that	•	•	٠	163	<u> </u>	
	in section 509(a)(1), (2), or (3), or section 4	_		Г	T Voc 1	X No	
	(5) Provide for any purpose other than religious		•	· L	163	<u> </u>	
	educational purposes, or for the prevention			Г	Yes	X No	
b		•		ne described in		<u> </u>	
-	Regulations section 53 4945 or in a current notice				,		5b N/A
	Organizations relying on a current notice regarding		·		<b>▶</b>	<u> </u>	3
C		=					
-	tax because it maintained expenditure responsibil	•		Г	Yes	No	
	If "Yes," attach the statement required by Regula	-	5(d)	٠. ر			
6a							
	premiums on a personal benefit contract? .			. [	Yes	X No	
b	Did the foundation, during the year, pay premium	s, directly or indirectly, o	n a personal benefit o	contract?		<u> </u>	6b
	If "Yes" to 6b, file Form 8870.	, <b>,</b> ,					288 325
7a	At any time during the tax year, was the foundation	n a party to a prohibited	tax shelter transaction	on?	Yes	X No	
	If "Yes," did the foundation receive any proceeds			_			7b N/A
	art VIII Information About Officers				Highly F	Paid En	
	and Contractors	,		,		u.u	p.0,000,
1	List all officers, directors, trustees, founda	ition managers and i	their compensation	n (see instruc	tions).		
1		(b) Title, and average	(c) Compensation	(d) Contrib	outions to	(e	) Expense account.
1	List all officers, directors, trustees, foundate (a) Name and address				outions to enefit plans	1 1	) Expense account, other allowances
		(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contrib employee be	outions to enefit plans	1 1	
Joh	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Contrib employee be	outions to enefit plans	1 1	
Joh 471 Sus	(a) Name and address on J Bishop I East Broad ST Columbus, OH 43215 san E Haack	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee be	outions to enefit plans	1 1	
Joh 471 Sus 471	(a) Name and address  nn J Bishop I East Broad ST Columbus, OH 43215 san E Haack I East Broad ST Columbus, OH 43215	(b) Title, and average hours per week devoted to position Trustee-parttime	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee be	outions to enefit plans	1 1	
Joh 471 Sus 471 Mic	(a) Name and address  In J Bishop I East Broad ST Columbus, OH 43215 san E Haack I East Broad ST Columbus, OH 43215 chael L Wiseman	(b) Title, and average hours per week devoted to position Trustee-parttime	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee be	outions to enefit plans	1 1	
Joh 471 Sus 471 Mic 471	(a) Name and address  In J Bishop I East Broad ST Columbus, OH 43215 san E Haack I East Broad ST Columbus, OH 43215 chael L Wiseman I East Broad ST Columbus, OH 43215	(b) Title, and average hours per week devoted to position  Trustee-parttime  Trustee-parttime  Trustee-parttime	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee be	outions to enefit plans	1 1	
Joh 471 Sus 471 Mic 471 Day	(a) Name and address  In J Bishop I East Broad ST Columbus, OH 43215 san E Haack I East Broad ST Columbus, OH 43215 shael L Wiseman I East Broad ST Columbus, OH 43215 vid Kaufman	(b) Title, and average hours per week devoted to position Trustee-parttime Trustee-parttime	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee be	outions to enefit plans	1 1	
Joh 471 Sus 471 Mic 471 Day	(a) Name and address  In J Bishop I East Broad ST Columbus, OH 43215 san E Haack I East Broad ST Columbus, OH 43215 chael L Wiseman I East Broad ST Columbus, OH 43215 vid Kaufman I East Broad ST Columbus, OH 43215	(b) Title, and average hours per week devoted to position Trustee-parttime Trustee-parttime Trustee-parttime Trustee-parttime Trustee-parttime	(c) Compensation (If not paid, enter -0-) 0	(d) Contrib employee be and deferred o	outions to enefit plans compensation		
Joh 471 Sus 471 Mic 471 Day	(a) Name and address In J Bishop I East Broad ST Columbus, OH 43215 Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position Trustee-parttime Trustee-parttime Trustee-parttime Trustee-parttime Trustee-parttime	(c) Compensation (If not paid, enter -0-) 0	(d) Contrib employee be and deferred o	outions to enefit plans compensation		
Joh 471 Sus 471 Mic 471 Day	(a) Name and address  In J Bishop I East Broad ST Columbus, OH 43215 san E Haack I East Broad ST Columbus, OH 43215 chael L Wiseman I East Broad ST Columbus, OH 43215 vid Kaufman I East Broad ST Columbus, OH 43215	(b) Title, and average hours per week devoted to position Trustee-parttime Trustee-parttime Trustee-parttime Trustee-parttime Trustee-parttime	(c) Compensation (If not paid, enter -0-) 0	(d) Control employee be and deferred of	outions to enefit plans compensation		
Joh 471 Sus 471 Mic 471 Day 471 2	(a) Name and address  In J Bishop  I East Broad ST Columbus, OH 43215  Compensation of five highest-paid employ enter "NONE."	(b) Title, and average hours per week devoted to position  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  (b) Title, and average hours per week devoted to position  Trustee-parttime	(c) Compensation (If not paid, enter -0-)  0  0  continuous paid, enter 0  0  onumber paid, enter 0  onumber paid,	(d) Contribution (d) Co	outions to enefit plans compensation	f none,	
Joh 471 Sus 471 Mic 471 Day 471 2	(a) Name and address In J Bishop I East Broad ST Columbus, OH 43215 Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  (b) Title, and average hours per week devoted to position  Trustee-parttime	(c) Compensation (lf not paid, enter -0-)  0  0  0  ce included on line	(d) Contribution  (d) Contribution  1—see instru  (d) Contribution  employee be and deferred of	outions to enefit plans compensation  actions). I	f none,	other allowances
Joh 471 Sus 471 Mic 471 Day 471 2	(a) Name and address  In J Bishop I East Broad ST Columbus, OH 43215 Compensation of five highest-paid employ enter "NONE."	(b) Title, and average hours per week devoted to position  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  (b) Title, and average hours per week devoted to position  Trustee-parttime	(c) Compensation (lf not paid, enter -0-)  0  0  0  ce included on line	(d) Contribution  (d) Contribution  1—see instru  (d) Contribution  employee be and deferred of	outions to enefit plans compensation  Jetions). I	f none,	) Expense account,
Joh 471 Sus 471 Mic 471 Day 471 2	(a) Name and address  In J Bishop I East Broad ST Columbus, OH 43215 Compensation of five highest-paid employ enter "NONE."	(b) Title, and average hours per week devoted to position  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  (b) Title, and average hours per week devoted to position  Trustee-parttime	(c) Compensation (lf not paid, enter -0-)  0  0  0  ce included on line	(d) Contribution  (d) Contribution  1—see instru  (d) Contribution  employee be and deferred of	outions to enefit plans compensation  actions). I	f none,	) Expense account,
Joh 471 Sus 471 Mic 471 Day 471 2	(a) Name and address  In J Bishop I East Broad ST Columbus, OH 43215 Compensation of five highest-paid employ enter "NONE."	(b) Title, and average hours per week devoted to position  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  (b) Title, and average hours per week devoted to position  Trustee-parttime	(c) Compensation (lf not paid, enter -0-)  0  0  0  ce included on line	(d) Contribution  (d) Contribution  1—see instru  (d) Contribution  employee be and deferred of	outions to enefit plans compensation  actions). I	f none,	) Expense account,
Joh 471 Sus 471 Mic 471 Day 471 2	(a) Name and address  In J Bishop I East Broad ST Columbus, OH 43215 Compensation of five highest-paid employ enter "NONE."	(b) Title, and average hours per week devoted to position  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  (b) Title, and average hours per week devoted to position  Trustee-parttime	(c) Compensation (lf not paid, enter -0-)  0  0  0  ce included on line	(d) Contribution  (d) Contribution  1—see instru  (d) Contribution  employee be and deferred of	outions to enefit plans compensation  actions). I	f none,	) Expense account,
Joh 471 Sus 471 Mic 471 Day 471 2	(a) Name and address  In J Bishop I East Broad ST Columbus, OH 43215 Compensation of five highest-paid employ enter "NONE."	(b) Title, and average hours per week devoted to position  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  (b) Title, and average hours per week devoted to position  Trustee-parttime	(c) Compensation (lf not paid, enter -0-)  0  0  0  ce included on line	(d) Contribution  (d) Contribution  1—see instru  (d) Contribution  employee be and deferred of	outions to enefit plans compensation  actions). I	f none,	) Expense account,
Joh 471 Sus 471 Mic 471 Day 471 2	(a) Name and address  In J Bishop I East Broad ST Columbus, OH 43215 Compensation of five highest-paid employ enter "NONE."	(b) Title, and average hours per week devoted to position  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  (b) Title, and average hours per week devoted to position  Trustee-parttime	(c) Compensation (lf not paid, enter -0-)  0  0  0  ce included on line	(d) Contribution  (d) Contribution  1—see instru  (d) Contribution  employee be and deferred of	outions to enefit plans compensation  actions). I	f none,	) Expense account,
Joh 471 Sus 471 Mic 471 Day 471 2	(a) Name and address  In J Bishop I East Broad ST Columbus, OH 43215 Compensation of five highest-paid employ enter "NONE."	(b) Title, and average hours per week devoted to position  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  (b) Title, and average hours per week devoted to position  Trustee-parttime	(c) Compensation (lf not paid, enter -0-)  0  0  0  ce included on line	(d) Contribution  (d) Contribution  1—see instru  (d) Contribution  employee be and deferred of	outions to enefit plans compensation  actions). I	f none,	) Expense account,
Joh 471 Sus 471 Mic 471 Day 471 2	(a) Name and address  In J Bishop I East Broad ST Columbus, OH 43215 Compensation of five highest-paid employ enter "NONE."	(b) Title, and average hours per week devoted to position  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  (b) Title, and average hours per week devoted to position  Trustee-parttime	(c) Compensation (lf not paid, enter -0-)  0  0  0  ce included on line	(d) Contribution  (d) Contribution  1—see instru  (d) Contribution  (d) Contribution  employee be and deferred of	outions to enefit plans compensation  actions). I	f none,	) Expense account,
Joh 471 Sus 471 Mic 471 Day 471 2	(a) Name and address  In J Bishop I East Broad ST Columbus, OH 43215 Compensation of five highest-paid employ enter "NONE."	(b) Title, and average hours per week devoted to position  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  (b) Title, and average hours per week devoted to position  Trustee-parttime	(c) Compensation (lf not paid, enter -0-)  0  0  0  ce included on line	(d) Contribution  (d) Contribution  1—see instru  (d) Contribution  (d) Contribution  employee be and deferred of	outions to enefit plans compensation  actions). I	f none,	) Expense account,
Joh 471 Sus 471 Micc 471 Dav 471 2	(a) Name and address  In J Bishop I East Broad ST Columbus, OH 43215 Compensation of five highest-paid employ enter "NONE."	(b) Title, and average hours per week devoted to position  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  Trustee-parttime  (b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-)  0  0  0  ce included on line	(d) Contribution  (d) Contribution  1—see instru  (d) Contribution  (d) Contribution  employee be and deferred of	outions to enefit plans compensation  actions). I	f none,	) Expense account,

FOITH 990-PF (2012	The moterior of our cap i damage in the moter		
Part VIII	Information About Officers, Directors, Trustees, Fo and Contractors (continued)	undation Managers, Highly Paid	d Employees,
3 Five highe	est-paid independent contractors for professional services (see i	nstructions). If none, enter "NONE."	<del></del>
	Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NÒNE			
		7	
Total number of	of others receiving over \$50,000 for professional services	. •	
Part IX-A	Summary of Direct Charitable Activities		
	n's four largest direct charitable activities during the tax year. Include relevant statist janizations and other beneficiaries served, conferences convened, research papers		Expenses
1 None			
2			<del> </del>
3		<del></del>	
4			
Part IX-B	Summary of Program-Related Investments (see ins	tructions)	
	argest program-related investments made by the foundation during the tax year on	ines 1 and 2	Amount
1 None			
2			
	related investments. See instructions		
3			
Total. Add lines	s 1 through 3	. •	0

Form **990-PF** (2012)

	990-PF (2012) The Motorists Insurance Group Foundation FKA The Motorists Insurance Companies Foundation		
Pai	t X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundati	ons,
	. see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	13,542
b	Average of monthly cash balances	1b	164,126
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	177,668
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	177,668
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	2,665
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	175,003
6	Minimum investment return. Enter 5% of line 5	6	8,750
Par	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here   and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	8,750
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI)	5	
C	Add lines 2a and 2b	2c	7,006
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,744
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,744
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	1,744
Dar	Qualifying Distributions (see instructions)		
Гаг	Qualitying distributions (see instructions)		<u> </u>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1,500	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	310,566
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	<u>-</u>
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	· · · · · · · · · · · · · · · · · · ·
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	310,566
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see instructions)	5	<del></del>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	310,566
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found qualifies for the section 4940(e) reduction of tax in those years	lation	

Ρa	irt	XIII Undistributed Inco	me (see instructions	5)			<del> </del>
	•			(a)	(b)	(c)	(d)
1		Distributable amount for 2012 fi	rom Part XI,	Corpus	Years prior to 2011	2011	2012
_		line 7		7.00	***	· 30 \$77	1,744
2		Undistributed income, if any, as	of the end of 2012	****	•		
	a	Enter amount for 2011 only				0	
_	b	Total for prior years 20,		· · · · · · · · · · · · · · · · · · ·		<u> </u>	,
3		Excess distributions carryover,	1	*	م پید * پ		2
	a	From 2007	454,549		** ;	4.	<u></u>
	D	From 2008	409,479	1 7 7 7	****		***
	С.	From 2009	476,358		` , `	9)	
	d	From 2010 .	486,914		* { ¾	,	
	e	From 2011 .	484,156	0.011.450		•	
	f	Total of lines 3a through e .		2,311,456	<i>?</i>		
4		Qualifying distributions for 2012		(,)		8.34	
	_		<u>310,566</u>		1. 海绵五扇		13 1.43
		Applied to 2011, but not more th			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Y597-1578A	·
	D	Applied to undistributed income	· -				
	_	(Election required—see instruct	•	12,4			
	C	Treated as distributions out of c	orpus (Election		, , ,	, .:	
	4	required—see instructions) .			44.8	1	4 744
		Applied to 2012 distributable an					1,744
5	е	Remaining amount distributed of	•	308,822			
o		Excess distributions carryover a (If an amount appears in column	v v	<i>₹</i> <b>%</b> . <b>X</b> >	* ************************************	y	- 9 <b>.</b> W.S
		same amount must be shown in		`>> ^			
6		Enter the net total of each co	` ' '				l ž
٠		indicated below:	iumii as			\$ \%	
	а	Corpus Add lines 3f, 4c, and 46	Subtract line 5	2,620,278			
		Prior years' undistributed incom			1.3.48		4 (
	_	line 4b from line 2b			0		
	С	Enter the amount of prior years'	undistributed	4			
	•	income for which a notice of def		* 2, >			
		been issued, or on which the se	-	e );			
		tax has been previously assess	T T	, <u>į</u> , <u>į</u> , į		4 1/2	, ,
	d	Subtract line 6c from line 6b Ta				3 4 3 4 4	. A: \$ \$1 - 1
	_	amount—see instructions .					
	e	Undistributed income for 2011.	Subtract line		*		* * *
		4a from line 2a Taxable amoun		Ţ	; * ;		
		instructions			1	o	
	f	Undistributed income for 2012	Subtract	₹:	131		
		lines 4d and 5 from line 1 This		<b>.</b>			
		be distributed in 2013					o
7		Amounts treated as distributions	s out of		· 57/4		× 🐉
		corpus to satisfy requirements in			Ϋ,		
		section 170(b)(1)(F) or 4942(g)(	•				
8		Excess distributions carryover fi					
		not applied on line 5 or line 7 (s		454,549	,	**	» A
9		Excess distributions carryov	· ·		, <b>5.5</b> k. /		. 4 43.
		Subtract lines 7 and 8 from line		2,165,729		* <b>%</b>	
10		Analysis of line 9	-	,,	, ,		
	а	Excess from 2008	409,479				
	b	Excess from 2009	476,358				
	С	Excess from 2010	486,914				
	d	Excess from 2011	484,156		v s **		
	е	Excess from 2012	308,822			•	,

_	m 990-PF (2012) The Motorists Insurance Gro				es Foundatio31-171	
_	rt XIV Private Operating Foundations			, question 9)		N/A
7	a If the foundation has received a ruling or determination, and the ruling is effective for 2012, ent		•	<b>•</b>		
	b Check box to indicate whether the foundation is a	private operating for	indation described	in section	4942(j)(3) or	4942(J)(5)
2	a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year Prior 3 years				(e) Total
	investment return from Part X for each	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Ioai
	year listed					0
	<b>b</b> 85% of line 2a					0
	c Qualifying distributions from Part XII, line 4 for each year listed					•
	d Amounts included in line 2c not used directly					0
	for active conduct of exempt activities .					0
	e Qualifying distributions made directly		<del></del>		<u> </u>	
	for active conduct of exempt activities					
3	Subtract line 2d from line 2c				<u> </u>	0
,	Complete 3a, b, or c for the alternative test relied upon					
	a "Assets" alternative test—enter					_
	(1) Value of all assets	_				0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i) .					0
	b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
	c "Support" alternative test—enter.	<del></del>				······································
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
P	art XV Supplementary Information (Co	mplete this par	t only if the fo	undation had \$5	5.000 or more in	<u>_</u>
	assets at any time during the ye	-	•	·		
1	Information Regarding Foundation Manage					
	a List any managers of the foundation who have cor before the close of any tax year (but only if they have				the foundation	
_	ONE					
	b List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the	
_	ONE	<del></del>				
2	Information Regarding Contribution, Grant	•	* *	_		
	Check here  I if the foundation only makes unsolicited requests for funds. If the foundation may other conditions, complete items 2a, b, c, and d	•		•	•	
_	a The name, address, and telephone number or e-m	nail of the person to	whom applications	should be addressed	1	
	•	•				
	hn J Bishop 471 East Broad ST Columbus, OH b The form in which applications should be submitte			aculd include	<del></del>	
			•	ioula include		
	etter, purpose of funds, amount requested, contain c Any submission deadlines	cuname and phon	e number			<del></del> _
N	one		_			
_	d Any restrictions or limitations on awards, such as I factors	oy geographical area	as, charitable fields,	, kınds of ınstitutions,	or other	
Li	mited to exempt organizations					

Total

Form 990-PF (2012) The Motorists Insurance Group		torists Insurar	nce Companies Foundation7	12343 Page <b>11</b>
Part XV Supplementary Information (continued and Continued Continu	<u>-</u>			<del></del>
3 . Grants and Contributions Paid During		for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
Ohio Foundation of Independent Colleges, Inc		501(c)(3)	General Operations	7,000
250 East Broad Street, Suite 1700				
Columbus, OH 43215-3722			[	
National Association of Insurance Women		501(c)(3)	General Operations	1,500
9343 East 95th Court South				
Tulsa, OK 74133				
Arthritis Foundation		501(c)(3)	General Operations	1,000
Central Ohio Chapter		```		
Hilliard, OH 43026-9231	:	1		
Ohio Northern University Alumni Association		501(c)(3)	General Operations	1,000
Alumni Affairs		````		•
Ada, OH 45810				
The Buckeye Ranch Foundation		501(c)(3)	General Operations	6,000
5665 Hoover Road			1 1	•
Grove City, OH 43123		1		
Law Enforcement Foundation		501(c)(3)	General Operations	10,000
6277 Riverside Drive, Suite 2N		```	·	•
Dublin, OH 43017-5067				
The Ohio State University		501(c)(3)	Capital Improvements	150,000
Department of Athletics - Fawcett Center		```		,
Columbus, OH 43210				
The Ohio Historical Society		501(c)(3)	General Operations	1,000
1982 Velma Avenue		`^`	· '	,
Columbus, OH 43211-2497				
The Lettuce Work Foundation, Inc		501(c)(3)	General Operations	500
PO Box 217		```		
New Albany, OH 43054				
Special Olympics Wisconsin		501(c)(3)	General Operations	395
5900 Monona Drive, Suite 301				
Madison, WI 53716				
Griffith Insurance Education Foundation		501(c)(3)	General Operations	15,000
623 South High Street				,0,000
Worthington, OH 43085		}		
Total . See Attached Statement			<b>▶</b> 3a	310,566
b Approved for future payment		1		1 - 1 - 1
The Ohio State University		501(c)(3)	Capital Improvements	450,000
Department of Athletics - Fawcett Center		```'		,
	1	I	1	

b Approved for future payment The Ohio State University	501(c)(3)	Capital Improvements	450,000
Department of Athletics - Fawcett Center			
Columbus, OH 43210			
STAR Committee	501(c)(3)	General Operations	5,000
an affiliate of the DeWitt Area Foundation			
DeWitt, IA 52742			
The Ohio State University	501(c)(3)	Capital Improvements	750,000
Department of Athletics - Fawcett Center			
Columbus, OH 43210			

1,205,000

**▶** 3b

Part >	(VI-A Analysis of Income-Producing Acti	vities				
Enter gross amounts unless otherwise indicated			siness income	Excluded by section	(e)	
•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
	ogram service revenue	ļ				(000000000110 )
a				<del></del>		
b		<b>-</b>				
C d				<del> </del>		
e						
f						
a .	Fees and contracts from government agencies .					·
_	mbership dues and assessments .					
	erest on savings and temporary cash investments			14	97	
	ridends and interest from securities			14	7	
5 Ne	t rental income or (loss) from real estate	200 M	<b>等条件</b> (4.55)	14. 建筑	Some Table	
а	Debt-financed property					
b	Not debt-financed property					
6 Ne	t rental income or (loss) from personal property					
	her investment income .					
	in or (loss) from sales of assets other than inventory.			18	351,253	
	t income or (loss) from special events					
	oss profit or (loss) from sales of inventory					
	her revenue. a	-				
b c			<u> </u>	†		
d						
	· ,					
е			<del></del>	A DESCRIPTION OF THE RESERVE OF THE PROPERTY O	i e	
-	btotal Add columns (b), (d), and (e)		0	The state of the s	351,357	0
<b>12</b> Su	btotal Add columns (b), (d), and (e)		0	Constant of	351,357 <b>13</b>	<u>0</u> 351,357
12 Su 13 To			0	State Sales	•	
12 Su 13 To (See w	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Ac		t of Exempt P	urposes	13	
12 Su 13 To (See w	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
12 Su 13 To (See w	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations ) XVI-B Relationship of Activities to the Ac	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
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12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
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12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357
12 Su 13 To (See w Part)	tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations )  XVI-B Relationship of Activities to the Activities to the Activity for which incompared to th	e is reported in col	t of Exempt P	· · · · · · · · · · · · · · · · · · ·	13	351,357

# Form 990-PF (2012) The Motorists Insurance Group Foundation FKA The Motorists Insurance Companies Foundation 712343 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

i		tion s	ganization directly of 501(c) of the Code ons?									Yes	No
a ·	Transi	fers f	from the reporting t	oundation to a	noncharit	table exempt	organizatio	on of			7 3	Ŷ	
	1) C		· -				<b>J</b>				1a(1)		X
(	2) 0	ther	assets				•				1a(2)		X
b	Other	trans	sactions								38.4	198	
(	(1) S	ales	of assets to a nonc	charitable exer	npt organi	zation .					1b(1)		X
			ases of assets from				n				1b(2)		X
(	3) R	ental	of facilities, equip	ment, or other	assets .						1b(3)		X
			ursement arranger								1b(4)		X
			or loan guarantee:					•			1b(5)		X
			mance of services		p or fundra	aising solicita	tions				1b(6)		X
			facilities, equipme					;			1c		X
		-	er to any of the ab	-		•			h) should alway	s show the fair	market		
١	/alue	of the	e goods, other ass by transaction or sh	ets, or service	s given by	the reporting	g foundation	n. If the	foundation recei	ved less than f	aır marke	et ed	
(a) Li	ne no	<u> </u>	(b) Amount involved	(c) Name	of nonchantal	ble exempt organ	nization	(d) De	escription of transfers,	transactions, and	sharing arra	angeme	ents
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							<del></del>	<u> </u>					
(	descri	ıbed	dation directly or in in section 501(c) o implete the following	f the Code (ot	ted with, oi her than se	r related to, o ection 501(c)	ne or more (3)) or in se	tax-exe ection 52	empt organization 27?	ns	Yes X	] No	
		(:	a) Name of organization			(b) Type of org	anızatıon		(c)	Description of relat	ionship		
	Ti	Under p	enaities of perjury, I declare	that I have examined	this return, inclu	ding accompanying	schedules and st	tatements, a	nd to the best of my know	ledge and belief, it is ti	ue,		
e:~	_   ٩	сопест,	and complete Declaration of	f preparer (other than	taxpayer) is bas	sed on all information	of which prepar	er has any l	knowledge	4445100	41-		
Sig		_								May the IRS with the pre			
Hei	re 🌗	9	nechal L	, Wisam	4	/12/2013	Michael	Wisema	an, Trustee	instructions)		es	No
	ľ	Sign	ature of officer or trustee	•	Date		Title		,		<u>'' ''</u>		
		Ţ	Print/Type preparer's na	ame	Preparer's s	signature			Date		PTIN		
Pai	d		•							Check if			
	pare	er L							<u> </u>	self-employed			
	On		Firm's name							Firm's EIN			
J36	. UII	ַ עי	Firm's address							Phone no			
												_	

### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

2012

Name of the organization		Employer identification number
The Motorists Insurance Gr Organization type (check of	oup Foundation FKA The Motorists Insurance Companies Foundation one)	31-1712343
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for	undation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ition
	501(c)(3) taxable private foundation	
General Rule  X For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000	·
Special Rules	one contributor Complete Parts I and II	
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi) and received from any one contributor, during the yea 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, I	r, a contribution of the greater
the year, total contr	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from ributions of more than \$1,000 for use exclusively for religious, charitable, ses, or the prevention of cruelty to children or animals. Complete Parts I, II,	cientific, literary, or
the year, contributed total to more than \$ year for an exclusive	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from ons for use exclusively for religious, charitable, etc., purposes, but these of 1,000. If this box is checked, enter here the total contributions that were revely religious, charitable, etc., purpose. Do not complete any of the parts unization because it received nonexclusively religious, charitable, etc., continuation.	ontributions did not eceived during the nless the <b>General Rule</b>
Caution. An organization th	nat is not covered by the General Rule and/or the Special Rules does not f	ile Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

The Motorists Insurance Group Foundation FKA
The Motorists Insurance Companies Foundation
Trust EIN 31-1712343

Contributor	Contribution Date	Cusip	Shares	Property Contributed	Cost Basis	FMV at time of Donation
Phenix Mutual Fire Insurance Company 471 East Broad ST Columbus OH 43215	05/11/12	171232101	4770	Chubb Corporation	206	351,706
Phenix Mutual Fire Insurance Company 471 East Broad ST Columbus OH 43215	12/27/12	171232101	239	Chubb Corporation	10	18,001
Phenix Mutual Fire Insurance Company 471 East Broad ST Columbus OH 43216	12/27/12	452308109	1322	Illinois Tool Works	489	80,404
				totals	706	450,111

### Form 990PF, Part II, page 2, line 10b, Balance Sheet INVESTMENTS - CORPORATE STOCK

Contribution Date	Cusip	<u>Shares</u>	Contributed	Book Value	Fair Mkt Value
11/17/06	172967101	165	Citigroup	59,309	6,531
12/27/12	452308109	1322	Illinois Tool Works	489	80,404
12/27/12	171232101	239	Chubb Corp	10	18,001
			totals	59,808	104,936

#### Form 990PF, Part VII-A, page 4,Line 8b

The Foundation is registered with the State of Ohio and completes a yearly filing

The Motorists Insurance Group Fou						
Continuation of Part XV, Li	ne 3a (990-PF) -	Gran	ts and Conti	ributions Paid	During th	e Year
Recipient(s) paid during the year						
Name Concord Hospital Trust						
Street						
Office of Philanthropy			T=:			
City Concord		State NH	Zip Code 3301	Foreign Coun	try	
Relationship	Foundation Status	1411	10001	<u> </u>		
	501(c)(3)					
Purpose of grant/contribution					Amount	
General Operations						5,000
Name						
Junior Achievement of Illinois						<del></del>
Street 800 12th Avenue						
City		State	Zip Code	Foreign Coun	trv	
Moline		IL	61265		,	
Relationship	Foundation Status 501(c)(3)					
Purpose of grant/contribution					Amount	
General Operations	· · · · · · · · · · · · · · · · · · ·		<del>-</del>		<u> </u>	1,700
Name						
St Francis DeSales High School						<del></del>
Street						
C/O Ryan E Miller Memorial Scramble City	<u>'                                      </u>	State	Zip Code	Foreign Coun	trv	
Gahanna		ОН	43230	l oreign coun	y	
Relationship	Foundation Status	*		•		
	501(c)(3)		···		1.	
Purpose of grant/contribution General Operations					Amount	250
			·	<del>- n</del>	.l	250
Name	an auto Caassalto I Iadaa					
The American Institute for Chartered Pr Street	operty Casualty Under	writers				
720 Providence Road						
City		State	Zip Code	Foreign Coun	try	
Malvern	T=	PA	19355-3433			
Relationship	Foundation Status 501(c)(3)					
Purpose of grant/contribution	1501(0)(5)				Amount	
General Operations						5,526
Name			-	-··		
STAR Committee						
Street						
an affiliate of the DeWitt Area Foundation	on	04-4-	17:- O- d-	JE	<b>.</b>	
City DeWitt		State IA	Zip Code 52742	Foreign Coun	try	
Relationship	Foundation Status		102142		······································	
	501(c)(3)					
Purpose of grant/contribution	501(c)(3)				Amount	
Purpose of grant/contribution General Operations	501(c)(3)	-			Amount	5,000
General Operations Name	[501(c)(3)				Amount	5,000
General Operations  Name  Huckleberry House	[501(c)(3)				Amount	5,000
Name Huckleberry House Street	[501(c)(3)				Amount	5,000
Name Huckleberry House Street 1421 Hamlet Street	[501(c)(3)	State	Zip Code	Foreign Coun		5,000
Name Huckleberry House Street		State OH	<b>Zip Code</b>   43201	Foreign Coun		5,000
Name Huckleberry House Street 1421 Hamlet Street City	Foundation Status			Foreign Coun		5,000
General Operations  Name Huckleberry House Street 1421 Hamlet Street City Columbus Relationship				Foreign Coun	try	5,000
Name Huckleberry House Street 1421 Hamlet Street City Columbus	Foundation Status			Foreign Coun		5,000

The Motorists Insurance Group For						
Continuation of Part XV, Li	ne 3a (990-PF) -	Gran	ts and Cont	tributions Paid	During the Yo	ear
Recipient(s) paid during the year		•				
Name						
Simon Kenton Boy Scouts Council						
Street						
1901 East Dublin Granville Road City		State	7in Codo	Foreign Count	<u> </u>	
Columbus		State OH	Zip Code 43229-0207	Foreign Count	ury	
Relationship	Foundation Status	<u> </u>	TIOLEO OLO!	<u> </u>		
	501(c)(3)					
Purpose of grant/contribution General Operations					Amount	1,500
Name					-1	.,,,,,,
DeWitt Development Company						
Street						
511A 5th Avenue		_				
City		State	Zip Code	Foreign Count	ry	
DeWitt Relationship	Foundation Status	<u> </u> IA	52742			
Relationship	501(c)(3)					
Purpose of grant/contribution	1(-)(-)		····		Amount	
General Operations	·					1,000
Name						
Columbus Museum of Art						
Street						
480 East Broad Street		1	T=			
City Columbus		State	Zip Code	Foreign Count	ry	
Relationship	Foundation Status	OH	43215			
TO CONTROLL OF THE PROPERTY OF	501(c)(3)					
Purpose of grant/contribution Capital Improvements		10.7			Amount	0,000
				· · · ·	4	0,000
Name Columbus College of Art and Design						
Street						
107 North Ninth Street						
City		State	Zip Code	Foreign Count	ry	
Columbus		ОН	43215		-	
Relationship	Foundation Status 501(c)(3)					
Purpose of grant/contribution	1301(0)(3)		<del>.</del> .,		Amount	
Capital Improvements						5,000
Name				-		
Ohio Humanities Council						
Street	·			<del></del>		
471 East Broad Street, Suite 1620						
City		State	Zip Code	Foreign Count	ry	
Columbus	JE	OH	43215			
Relationship	Foundation Status 501(c)(3)					
Purpose of grant/contribution	1301(0)(3)		····	<del></del>	Amount	
General Operations					/ Induit	500
Name					,L	
St Baldrick's Foundation						
Street						
1443 East Washington Blvd #650						
City			Zip Code	Foreign Count	ry	
Pasadena	le comment	CA	91104			
Relationship	Foundation Status					
Purpose of grant/contribution	501(c)(3)				Amount	
General Operations						1,000

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The Motorists Insurance Group Fou	indation FKA The Moto	rists Ins	urance Compan	ies Foundatio61-1712	2343 Page	3 of 5
Continuation of Part XV, Li	ne 3a (990-PF) -	Gran	ts and Con	tributions Paid	During th	e Year
Recipient(s) paid during the year	<del></del>	-				
Name						
Washington Legal Foundation					_	
Street			<del></del>			
2009 Massachusetts Avenue, NW City		04-4-	Territoria.	JE		
Washington		State DC	Zip Code 20036	Foreign Count	ry	
Relationship	Foundation Status		120030			
_ <del></del>	501(c)(3)	_				
Purpose of grant/contribution					Amount	
General Operations					<u> </u>	1,000
Name						
Chidren's Hunger Alliance						
Street 370 South Fifth Street						
City		State	Zip Code	Foreign Count		
Columbus		ОН	43215	, croign count	- ,	
Relationship	Foundation Status					
	501(c)(3)			·	Υ	
Purpose of grant/contribution					Amount	1 000
General Operations			· · · · · · · · · · · · · · · · · · ·	<del></del>		1,000
Name						
Komen Breast Cancer Foundation, Coli Street	umbus Affiliate					
855 Grandview Avenue						
City		State	Zip Code	Foreign Count	ry	
Columbus		ОН	43215		<u> </u>	
Relationship	Foundation Status					
Purpose of grant/contribution	[501(c)(3)				Amount	
General Operations					Amount	1,200
	<del></del>			<del></del>		1,200
Name Bryon Riesch Paralysis Foundation						
Street		_	. =			
PO Box 1388_						
City		State	Zip Code	Foreign Count	ry	
Waukesha	Formatation Status	Wì	53187			
Relationship	Foundation Status 501(c)(3)					
Purpose of grant/contribution			<del></del>		Amount	
General Operations						500
Name						_
Columbus Metropolitan Library Founda	tion					
Street						
96 South Grant Street			1=- 0 1	<u> </u>		
City Columbus		State OH	<b>Zip Code</b> 43215	Foreign Count	ry	
Relationship	Foundation Status	<u> </u>	1432 [3			
	501(c)(3)					
Purpose of grant/contribution					Amount	
General Operations	<del></del>			······	1	2,500
Name						
Columbus State Community College						
Street						
550 East Spring Street City		State	Zip Code	Foreign Count	inv	
Columbus		OH	43216	l Oreign Count	,	
Relationship	Foundation Status		<del>- : : :</del>	····		
- <u>-</u>	501(c)(3)				1-	
Purpose of grant/contribution					Amount	0.500
General Operations					1	2,500

The Motorists Insurance Group For						of 5
Continuation of Part XV, Li	ne 3a (990-PF) -	Gran	ts and Con	tributions Paid	During the	Year
Recipient(s) paid during the year						
Name						
Association of Small Foundations						
Street						
P O Box 247						
City		State	Zip Code	Foreign Coun	try	
Winooski		VT	05404		•	
Relationship	Foundation Status					
	501(c)(3)					
Purpose of grant/contribution					Amount	
General Operations						695
Name						
Pelotonia						
Street					-	
7575 Huntington Park Drive						
City				Foreign Count	try	
Columbus	le o	OH	43235			
Relationship	Foundation Status					
Purpose of grant/contribution	[501(c)(3)	,,			Amount	
General Operations					Amount	E 000
***	<del></del>		<del></del>		<u> </u>	5,000
Name						
The Columbus International Children's	Choir-Columbus Music	& Art A	cademy			
Street						
91 Buckeye Dr City	<del></del>	Ctoto	Zin Codo	Familian Cassas	<u> </u>	
Powell		State OH	<b>Zip Code</b> 43065	Foreign Count	try	
Relationship	Foundation Status	ГОП	143003			
Troid a different parties of the second part	501(c)(3)					
Purpose of grant/contribution	100 1(0)(0)			<del></del>	Amount	
General Operations						100
Name		-				
Gladden Community House						
Street	<del></del>					
183 Hawkes Avenue						
City	**	State	Zip Code	Foreign Count	trv	
Columbus		ОН	43223			
Relationship	Foundation Status			•		
	501(c)(3)					
Purpose of grant/contribution					Amount	
General Operations					.1	1,000
Name	·					
Choices - Eliminating Domestic Violence	Э					
Street					-	
P O Box 06157	·					
City		State	Zip Code	Foreign Count	ry	_
Columbus		OH	43206			
Relationship	Foundation Status					
Durage of grantle entribution	501(c)(3)				T	
Purpose of grant/contribution General Operations					Amount	750
General Operations	_		<del></del>	<del> </del>		750
Name						
Christ Child Society of Cleveland Parma	idale		<u> </u>			
Street						
6753 State Road	·	04-1	[7:- C - 1	Te. • •		
City		State	Zip Code	Foreign Count	ry	
Parma Relationship	Foundation Status	OH	44134	<u></u>		
· · · · · · · · · · · · · · · · · · ·	501(c)(3)					
Purpose of grant/contribution	120.(0)(0)				Amount	
General Operations						2,000
Ochoral Operations						

	undation FKA The Moto				
Continuation of Part XV, Li	ne 3a (990-PF) -	Grant	ts and Cont	<u>ributions Pai</u>	d During the Year
Recipient(s) paid during the year					
Name					
Komen Breast Cancer Foundation, Col	umbus Affiliate				
Street 855 Grandview Avenue					
City	<del></del>	State	Zip Code	Foreign Cou	ntrv
Columbus		ОН	43215		,
Relationship	Foundation Status				
	501(c)(3)				<del> </del>
Purpose of grant/contribution General Operations					Amount 1,200
Name					· · · · · · · · · · · · · · · · · · ·
Future Possibilities, Inc					
Street					
7925 Greenside Lane			1		
City			Zip Code	Foreign Cou	ntry
Columbus Relationship	Foundation Status	ОН	43235	<u> </u>	
	501(c)(3)				
Purpose of grant/contribution					Amount
General Operations					10,000
Name					
Womens Service Board of Grant Medic	al Center				
Street					
180 East Broad Street City		State	Zip Code	Foreign Cou	ntn
Columbus		OH	43215	l oleigh cou	iiu y
Relationship	Foundation Status		1.02.0		
	501(c)(3)				
Purpose of grant/contribution					Amount
General Operations					1,000
Name					
Street	<del></del>	-			
		_			
City		State	Zip Code	Foreign Cou	ntry
Relationship	Foundation Status	<u> </u>			
Relationship	oundation status				
Purpose of grant/contribution	•				Amount
Name					
Street					
Street					
City		State	Zip Code	Foreign Cou	ntry
		<u> </u>			
Relationship	Foundation Status				
Purpose of grant/contribution	l				Amount
Name					
Street					
City		State	Zip Code	Foreign Cou	ntry
	Terrore or :		<u> </u>		
Relationship	Foundation Status				
	†				