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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2012Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

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	C Name of organization THE COMMUNITY FOUNDATION OF LORAIN COUNTY (CFLC)		D Employer identification number 34-1322781	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address)		Room/suite	
	9080 LEAVITT ROAD			
	City, town or post office, state, and ZIP code ELYRIA, OH 44035		E Telephone number (440) 984-7390	
F Name and address of principal officer SAME AS C ABOVE ,		G Gross receipts \$ 14,467,059.		
I 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		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J Website ▶ WWW.PEOPLEWHOCARE.ORG		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1980		M State of legal domicile OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO MAKE LORAIN COUNTY A BETTER PLACE TO LIVE AND WORK. THE CFLC DOES THIS BY TURNING DONORS' CHARITABLE DREAMS INTO PERMANENT LEGACIES, AND ENGAGING IN STRATEGIC GRANTMAKING.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20.
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	10.
	6 Total number of volunteers (estimate if necessary)	6	120.
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,220,984.	Current Year 4,372,599.
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,356,436.	2,053,197.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	130,141.	133,443.
	12 Total revenue Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,707,561.	6,559,239.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,225,504.	3,398,424.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	727,349.	725,379.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 306,457.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	479,719.	460,377.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,432,572.	4,584,180.
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	-1,725,011.	1,975,059.
	20 Total assets (Part X, line 16)	Beginning of Current Year 78,499,753.	End of Year 88,644,009.
	21 Total liabilities (Part X, line 26)	15,720,398.	17,456,897.
	22 Net assets or fund balances Subtract line 21 from line 20	62,779,355.	71,187,112.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date August 15, 2013
	Type or print name and title Brian Frederick, President/CFO	

Preparer Use Only	Print/Type preparer's name MARNE WILLIAMS	Preparer's signature 	Date AUG 01 2013	Check <input type="checkbox"/> if self-employed	PTIN P00564716
	Firm's name ▶ MEADEN & MOORE, LTD.			Firm's EIN ▶ 34-1818258	
	Firm's address ▶ 1100 SUPERIOR AVENUE, SUITE 1100 CLEVELAND, OH 44114			Phone no 216-241-3272	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission

THE FOUNDATION AWARDS CHARITABLE GRANTS AND SCHOLARSHIPS FROM
 ENDOWMENT FUNDS ESTABLISHED BY INDIVIDUALS, FAMILIES, BUSINESSES,
 NONPROFIT ORGANIZATIONS AND SCHOOLS IN ORDER TO MAKE LORAIN COUNTY A
 BETTER PLACE TO LIVE AND WORK.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 3,209,498. including grants of \$ 2,828,541.) (Revenue \$)

FROM HOMELESS SHELTERS TO LEADERSHIP PROGRAMS, HISTORICAL
 PRESERVATION TO HEALTH CARE FOR THE UNINSURED, DISCRETIONARY
 GRANTS REPRESENT EVERY AREA OF CHARITABLE GIVING. IN 2012, THE
 FOUNDATION AWARDED 177 COMPETITIVE GRANTS TO AREA NON-PROFIT
 PROGRAMS. IN ADDITION, ANOTHER 233 GRANTS WERE DISTRIBUTED THROUGH
 OUR SCHOOL, AGENCY AND SPECIAL PROJECT FUNDS.

4b (Code:) (Expenses \$ 569,883. including grants of \$ 569,883.) (Revenue \$)

OVER 360 SCHOLARSHIPS FOR EDUCATION BEYOND HIGH SCHOOL WERE
 AWARDED TO STUDENTS AS DIVERSE AS THE DONORS WHO CREATED THE
 SCHOLARSHIP FUNDS. IN 2012, \$569,883 WAS AWARDED FOR TECH
 PROGRAMS, CREATIVE WRITING, JOURNALISM, MEDICAL SCHOOL, AND MANY
 OTHER ADVANCED LEARNING PURSUITS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 3,779,381.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
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		X
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	X	
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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		X
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	X	
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	X	
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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	X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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)		X
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	X	
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		X
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	X	
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>	X	
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>		X
24 a 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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
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>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
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>		X
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>		X
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>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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. 22		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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. 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	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. 13b		
c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructionsCheck if Schedule O contains a response to any question in this Part VI. ☒ X**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 20		
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 1b 20		
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		X
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		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
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		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
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		X

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		X
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	X	
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
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	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
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	X	
b Other officers or key employees of the organization 15b	X	
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		X
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ 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 ► BRIAN FREDERICK 9080 LEAVITT ROAD ELYRIA, OH 44035 440-984-7390

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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) GAYLE REEVES CHAIRPERSON	2.00	X		X				0	0	0
(2) JIM VANDEMARK VICE CHAIR	2.00	X		X				0	0	0
(3) J. LAWRY BABITT TREASURER	2.00	X		X				0	0	0
(4) KRISTEN PUTNAM-WALKERLY SECRETARY	2.00	X		X				0	0	0
(5) JUDITH CROCKER BOARD MEMBER	2.00	X						0	0	0
(6) JOE FERUT BOARD MEMBER	2.00	X						0	0	0
(7) TIM HARRIS BOARD MEMBER	2.00	X						0	0	0
(8) CHRIS BELLAMY BOARD MEMBER	2.00	X						0	0	0
(9) SUSAN BOWERS BOARD MEMBER	2.00	X						0	0	0
(10) SAM SPECK, III BOARD MEMBER	2.00	X						0	0	0
(11) KENT HAGEMAN BOARD MEMBER	2.00	X						0	0	0
(12) JOEL ARREDONDO BOARD MEMBER	2.00	X						0	0	0
(13) RAY CUSHING BOARD MEMBER	2.00	X						0	0	0
(14) FARNAZ ANSARI BOARD MEMBER	2.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
15) ANGELA FIELDING BOARD MEMBER	2.00	X						0	0	0
16) SHARON FURCRON BOARD MEMBER	2.00	X						0	0	0
17) LISA BRAMHALL BOARD MEMBER	2.00	X						0	0	0
18) KAREN WELLS BOARD MEMBER	2.00	X						0	0	0
19) MICHAEL PEACHOCK BOARD MEMBER (1/12-8/12)	2.00	X						0	0	0
20) THOMAS BIERY BOARD MEMBER (8/12-12/12)	2.00	X						0	0	0
21) BRIAN FREDERICK PRESIDENT/CEO	40.00 6.00			X				118,712.	0	22,696.
22) CHERYL MCKENNA CFO	40.00 .50			X				73,985.	0	3,021.
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								192,697.	0	25,717.
d Total (add lines 1b and 1c)								192,697.	0	25,717.

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 **1**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck 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	2,167,409.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,205,190.			
	g	Noncash contributions included in lines 1a-1f \$		18,695.			
	h	Total. Add lines 1a-1f		4,372,599.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 1		1,356,020.		
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0			
6a		Gross rents	(i) Real 33,552.				
b		Less rental expenses					
c		Rental income or (loss)	33,552.				
d		Net rental income or (loss)		33,552.			33,552.
7a		Gross amount from sales of assets other than inventory	(i) Securities 8,593,203.				
b		Less cost or other basis and sales expenses	7,896,026.				
c		Gain or (loss)	697,177.				
d		Net gain or (loss)		697,177.			697,177.
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a 19,295.				
b		Less direct expenses	b 11,794.				
c		Net income or (loss) from fundraising events	ATCH 2	7,501.			7,501.
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		0			
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		0				
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUE	900099	92,390.	92,390.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		92,390.				
12	Total revenue. See instructions			6,559,239.	92,390.		2,094,250.

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

		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.					
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,828,541.	2,828,541.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	569,883.	569,883.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	192,697.	79,488.	62,241.	50,968.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	402,238.	165,923.	129,923.	106,392.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,170.	9,970.	7,807.	6,393.
9	Other employee benefits	60,195.	24,830.	19,443.	15,922.
10	Payroll taxes	46,079.	19,007.	14,884.	12,188.
11	Fees for services (non-employees)	0			
a	Management	5,988.		5,988.	
b	Legal	14,654.		14,654.	
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	146,401.		146,401.	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	36,989.			36,989.
13	Office expenses	61,521.	25,377.	19,871.	16,273.
14	Information technology	29,634.	12,224.	9,572.	7,838.
15	Royalties	0			
16	Occupancy	35,917.	14,816.	11,601.	9,500.
17	Travel	10,773.	4,444.	3,480.	2,849.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	9,698.	4,000.	3,132.	2,566.
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	27,172.	11,208.	8,777.	7,187.
23	Insurance	6,919.	2,854.	2,235.	1,830.
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	EDUCATIONAL EVENTS	25,192.			25,192.
b	STAFF DEVELOPMENT	21,118.		21,118.	
c	BOARD DEVELOPMENT	11,878.		11,878.	
d	FOUNDATION WORKSHOPS	16,523.	6,816.	5,337.	4,370.
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,584,180.	3,779,381.	498,342.	306,457.
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)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	974.	1	1,975.
	2 Savings and temporary cash investments	2,118,282.	2	5,498,935.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	73,009.	4	69,724.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	21,612.	9	17,526.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 2,177,164.		
	b Less accumulated depreciation	10b 166,448.	10c	2,010,716.
	11 Investments - publicly traded securities	44,250,390.	11	50,647,664.
	12 Investments - other securities See Part IV, line 11	30,035,901.	12	30,379,988.
	13 Investments - program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	4,770.	15	17,481.
16 Total assets. Add lines 1 through 15 (must equal line 34)	78,499,753.	16	88,644,009.	
Liabilities	17 Accounts payable and accrued expenses	19,880.	17	8,723.
	18 Grants payable	1,004,760.	18	1,170,882.
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	14,695,758.	25	16,277,292.
	26 Total liabilities. Add lines 17 through 25	15,720,398.	26	17,456,897.
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	60,902,132.	27	69,165,548.
	28 Temporarily restricted net assets	1,877,223.	28	2,021,564.
	29 Permanently restricted net assets	0	29	0
	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	62,779,355.	33	71,187,112.
34 Total liabilities and net assets/fund balances.	78,499,753.	34	88,644,009.	

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck 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	6,559,239.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,584,180.
3	Revenue less expenses Subtract line 2 from line 1	3	1,975,059.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62,779,355.
5	Net unrealized gains (losses) on investments	5	6,432,698.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	71,187,112.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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.
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** 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.
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** 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
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF LORAIN COUNTY**
(CFLC)

Employer identification number
34-1322781

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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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")	2,472,841.	2,614,206.	2,116,730.	1,220,984.	4,372,599.	12,797,360.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3.	2,472,841.	2,614,206.	2,116,730.	1,220,984.	4,372,599.	12,797,360.
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).						45,469.
6 Public support. Subtract line 5 from line 4						12,751,891.

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	2,472,841.	2,614,206.	2,116,730.	1,220,984.	4,372,599.	12,797,360.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,326,203.	-386,857.	1,547,127.	1,030,120.	1,389,572.	5,906,165.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH. 1	160,954.	136,617.	145,188.	100,373.	92,390.	635,522.
11 Total support. Add lines 7 through 10						19,339,047.
12 Gross receipts from related activities, etc (see instructions)					12	90,669.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	65.94 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	59.97 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2011. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support 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 section 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).ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
MISCELLANEOUS INCOME	160,954.	136,617.	145,188.	100,373.	92,390.	635,522.
TOTALS	<u>160,954.</u>	<u>136,617.</u>	<u>145,188.</u>	<u>100,373.</u>	<u>92,390.</u>	<u>635,522.</u>

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization (CFLC) **THE COMMUNITY FOUNDATION OF LORAIN COUNTY**

Employer identification number
34-1322781

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	77.	
2 Aggregate contributions to (during year)	160,250.	
3 Aggregate grants from (during year)	951,356.	
4 Aggregate value at end of year	18,450,683.	
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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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 ► \$ _____

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

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	8,874.	ATTACHMENT 1
(3) Other		
(A) FIXED INCOME	15,543,215.	FMV
(B) ALTERNATIVE INVESTMENTS	14,827,899.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	30,379,988.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENT	47,276.
(3) AGENCY FUNDED ENDOWMENTS	16,230,016.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	16,277,292.

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

FIN 48 FOOTNOTE DISCLOSURE

PART X, LINE 2

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES: THE FOUNDATION ADOPTED THE PROVISIONS OF "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" WHICH PRESCRIBE A RECOGNITION THRESHOLD AND A MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE AMOUNT RECOGNIZED IS MEASURED AS THE AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE FOUNDATION RECOGNIZES INTEREST AND PENALTIES ACCRUED, IF ANY, RELATED TO UNRECOGNIZED TAX UNCERTAINTIES IN INCOME TAX EXPENSE. AS A RESULT OF IMPLEMENTATION OF THIS STANDARD, THE FOUNDATION DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS. THE FOUNDATION IS SUBJECT TO U.S. FEDERAL JURISDICTION INCOME TAX EXAMINATIONS. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES BEYOND THE PAST THREE YEARS.

ATTACHMENT 1SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
CLOSELY HELD SHARES IN LLC	8,874.	COST
TOTALS	<u>8,874.</u>	

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization (CFLC) **THE COMMUNITY FOUNDATION OF LORAIN COUNTY**

Employer identification number
34-1322781

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 POWER OF PURSE (event type)	(b) Event #2 GALA (event type)	(c) Other events 2. (total number)	(d) Total events (add col (a) through col (c))
	Revenue			
1 Gross receipts	7,429.	6,011.	5,855.	19,295.
2 Less Contributions				
3 Gross income (line 1 minus line 2).	7,429.	6,011.	5,855.	19,295.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	135.	300.	275.	710.
7 Food and beverages	3,374.	2,379.	4,769.	10,522.
8 Entertainment				
9 Other direct expenses	399.		163.	562.
10 Direct expense summary Add lines 4 through 9 in column (d)				(11,794.)
11 Net income summary Combine line 3, column (d), and line 10				7,501.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
7 Direct expense summary Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
(CFIC)

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

THE COMMUNITY FOUNDATION OF LORAIN COUNTY

Employer identification number

34-1322781

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1)	GRANTS - SEE ATTACHED SCHEDULE			2,828,541.				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

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

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

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on 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
1	SCHOLARSHIPS	364.	569,883.			
2						
3						
4						
5						
6						
7						

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.

SCHEDULE I, PART I, LINE 2:

THE FOUNDATION REQUIRES AN INTERIM GRANT REPORT APPROXIMATELY SIX MONTHS FOLLOWING A GRANT AWARD AND A FINAL GRANT REPORT APPROXIMATELY ONE YEAR AFTER AN AWARD. SPECIFIC CRITERIA REGARDING THE GRANT REPORT CONTENTS ARE PROVIDED TO THE GRANTEE. ADDITIONALLY, THE PROGRAM OFFICER WILL MAKE BOTH SCHEDULED AND PERIODIC UNANNOUNCED SITE VISITS TO ASSESS THE VIABILITY AND EFFECTIVENESS OF THE GRANTEE'S PROGRAM.

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
(CFLC)

THE COMMUNITY FOUNDATION OF LORAIN COUNTY

Employer identification number
34-1322781

PROCESS TO REVIEW FORM 990

PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA AND DETAIL REVIEWED BY THE CHIEF FINANCIAL OFFICER. THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE PRIOR TO FILING. ONCE APPROVED BY THE AUDIT COMMITTEE, A COPY IS DISTRIBUTED TO THE BOARD PRIOR TO FILING.

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C:

DIRECTORS, OFFICERS, AND EMPLOYEES ARE REQUIRED ANNUALLY TO DISCLOSE IN WRITING (AND HAVE NOTARIZED) ALL POTENTIAL CONFLICTS OF INTEREST. THIS INFORMATION IS COMPILED AND PROVIDED TO THE BOARD. AT EACH BOARD AND COMMITTEE MEETING, THE FIRST ORDER OF BUSINESS ON EACH AGENDA IS TO ASK FOR ANY NEW UPDATES OF CONFLICTS. ALL KNOWN CONFLICTS OF INTEREST ARE NOTED ON EACH RESOLUTION PRIOR TO APPROVAL BY THE BOARD. IF A DIRECTOR HAS A CONFLICT, HE/SHE IS ALLOWED TO PARTICIPATE IN THE DISCUSSION OF THE ISSUE, BUT MUST ABSTAIN FROM ANY VOTE OR ACTION, AND SUCH ABSTENTION IS SO NOTED IN THE MINUTES (A NOTED CONFLICT ON A RESOLUTION IS AN UNDERSTOOD ABSTENTION).

TOP MANAGEMENT OFFICIAL COMPENSATION

PART VI, SECTION B, LINE 15A:

THE ANNUAL PROCESS FOR DETERMINING THE CEO COMPENSATION IS FOR AN AD HOC COMPENSATION REVIEW COMMITTEE EMPOWERED BY THE EXECUTIVE COMMITTEE TO

Name of the organization THE COMMUNITY FOUNDATION OF LORAIN COUNTY
(CFLC)

Employer identification number
34-1322781

REVIEW THE FOLLOWING MATERIALS: COMPARABLE CEO COMPENSATION DATA FOR COMMUNITY FOUNDATIONS PROVIDED BY THE ANNUAL COUNCIL ON FOUNDATIONS SALARY AND BENEFITS SURVEY, COMPARABLE CEO COMPENSATION DATA GLEANED FROM FORMS 990 FOR A SMALL GROUP OF COMMUNITY FOUNDATIONS SIMILAR IN BOTH REGION AND SIZE, AND OTHER OUTSIDE INFORMATION AS APPROPRIATE (E.G., WORLD AT WORK SALARY INCREASE PERCENTAGES FOR NOT-FOR-PROFITS). THE COMPENSATION COMMITTEE REVIEWS THESE MATERIALS AND DETERMINES AN APPROPRIATE COMPENSATION AMOUNT. THEN, THE COMMITTEE MAKES ITS RECOMMENDATION TO THE FULL BOARD. THE BOARD TAKES THIS RECOMMENDATION INTO ACCOUNT AND APPROVES AND/OR MODIFIES BASED ON ITS ANNUAL REVIEW OF THE CEO'S PERFORMANCE.

OTHER OFFICER COMPENSATION

PART VI, SECTION B, LINE 15B:

THE ANNUAL PROCESS FOR DETERMINING THE CFO COMPENSATION IS TO REVIEW COMPARABLE COMPENSATION DATA BY POSITION FOR SIMILARLY-SIZED COMMUNITY FOUNDATIONS PROVIDED BY THE ANNUAL COUNCIL ON FOUNDATIONS SALARY AND BENEFITS SURVEY, TO CONSIDER THE ECONOMIC CONDITIONS OF THE LORAIN COUNTY AREA, AND TO TAKE INTO CONSIDERATION EXTERNAL PUBLISHED DATA SUCH AS THE COST OF LIVING ADJUSTMENT FOR THE YEAR. THE CEO DETERMINES THE RECOMMENDED SALARY AMOUNTS, AND THE BOARD APPROVES AS PART OF THE ANNUAL BUDGET.

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

Name of the organization THE COMMUNITY FOUNDATION OF LORAIN COUNTY
(CFLC)

Employer identification number
34-1322781

PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S WEBSITE AND TO ANYONE WHO MAY REQUEST A COPY. THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AND HAVE BEEN MADE AVAILABLE UPON REQUEST TO ANYONE.

ATTACHMENT 1

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST & DIVIDENDS	1,356,020.			1,356,020.
TOTALS	<u>1,356,020.</u>			<u>1,356,020.</u>

ATTACHMENT 2

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
WOMEN'S POWER OF PURSE	7,429.	3,908.	3,521.
HISPANIC GALA	6,011.	2,679.	3,332.
AFRICAN AMERICAN STEAK FRY	3,540.	2,181.	1,359.
WOMEN'S FUND PAJAMA PARTY	2,315.	3,026.	-711.
TOTALS	<u>19,295.</u>	<u>11,794.</u>	<u>7,501.</u>

ATTACHMENT 3

Name of the organization THE COMMUNITY FOUNDATION OF LORAIN COUNTY
(CFLC)Employer identification number
34-1322781

ATTACHMENT 3 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
PUBLICLY TRADED	50,647,664.	FMV
TOTALS	<u>50,647,664.</u>	

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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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
(1) MAJIC FOUNDATION 9080 LEAVITT ROAD ELYRIA, OH 44035 61-1463513	GRANTMAKING	OH		11A, TYPE 1 N/A			X
(2) CHARITABLE PROPERTIES OF LORAIN COUNTY 9080 LEAVITT ROAD ELYRIA, OH 44035 20-5752262	SEE STMT	OH		11A, TYPE 1 N/A			X
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2012

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	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

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 (iii) annuities or (iv) royalties or (iv) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to related organization(s)	1b	X
c	Gift, grant, or capital contribution from related organization(s)	1c	X
d	Loans or loan guarantees to or for related organization(s)	1d	X
e	Loans or loan guarantees by related organization(s)	1e	X
f	Dividends from related organization(s)	1f	
g	Sale of assets to related organization(s)	1g	X
h	Purchase of assets from related organization(s)	1h	X
i	Exchange of assets with related organization(s)	1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o	Sharing of paid employees with related organization(s)	1o	X
p	Reimbursement paid to related organization(s) for expenses	1p	X
q	Reimbursement paid by related organization(s) for expenses	1q	X
r	Other transfer of cash or property to related organization(s)	1r	X
s	Other transfer of cash or property from related organization(s)	1s	X

		(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	MAJIC FOUNDATION		C	2,135,533.	CASH VALUE
(2)	CHARITABLE PROPERTIES OF LORAIN COUNTY		C	32,814.	CASH VALUE
(3)					
(4)					
(5)					
(6)					

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512.514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII Supplemental Information

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

PART II, LINE 2

CHARITABLE PROPERTIES OF LORAIN COUNTY

VEHICLE FOR REAL AND PERSONAL PROPERTY GIFTS

CHARITABLE PROPERTIES OF LORAIN COUNTY AND MAJIC FOUNDATION

SCHEDULE R, PART II, LINES 1 & 2

CHARITABLE PROPERTIES OF LORAIN COUNTY AND MAJIC FOUNDATION WERE BOTH
FORMALLY AND LEGALLY DISSOLVED AS OF NOVEMBER 30, 2012. ALL ASSETS WERE
DISTRIBUTED IN THE FORM OF GRANTS OR CONTRIBUTIONS TO THE SUPPORTED
ORGANIZATION: THE COMMUNITY FOUNDATION OF LORAIN COUNTY.

The Community Foundation of Lorain County

Grantee 990 -Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2012
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Alzheimer's Association 23215 Commerce Park Drive Suite 300 Beachwood, OH 44122	34-1311175	501(C)(3)	35,000				Enhancing the lives of people with Alzheimer's disease in Lorain County		
Alzheimer's Association 23215 Commerce Park Drive Suite 300 Beachwood, OH 44122	34-1311175	501(C)(3)	489				2012 payout - Lorain County programs		
Arcanum Productions Art + Practice M P O Box 283 Oberlin, OH 44074			25,530				The Amerikans - Lorain County	Oberlin College 70 N Professor St Oberlin, OH 44074	340714363
Atmosphere Adventures 31363 Roberta Drive Bay Village, OH 44140	51-0146485	501(C)(3)	9,000				Science enrichment programs		
Avon Lake City Schools 175 Avon Belden Rd Avon Lake, OH 44012	34-6000168	501(C)(3)	6,922				2012 payout		
Avon Lake City Schools 175 Avon Belden Rd Avon Lake, OH 44012	34-6000168	501(C)(3)	2,696				2012 payout		
Avon Lake City Schools 175 Avon Belden Rd Avon Lake, OH 44012	34-6000168	501(C)(3)	500				The Memory Project		
Catholic Charities Corporation 7911 Detroit Avenue Cleveland, OH 44102	34-1318541	501(C)(3)	50,000				Emergency assistance programs of Lorain County		

The Community Foundation of Lorain County

Grantee 990 -Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2012
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Cleveland Hearing & Speech Center 11635 Euclid Ave Cleveland, OH 44106	34-0714648	501(C)(3)	17,500				Community Center for the Deaf and Hard of Hearing of Lorain County		
Cleveland Hearing & Speech Center 11635 Euclid Ave Cleveland, OH 44106	34-0714648	501(C)(3)	7,124				2012 payout		
Cleveland Museum of Natural History 1 Wade Oval Drive University Circle, OH 44106	34-0714338	501(C)(3)	11,240				Natural history and health education programs for Lorain County schools		
Coalition for the Uninsured of Lorain County Lorain Co Gen Health District 9880 S Murray Ridge Rd Elyria, OH 44035	34-6001704	501(C)(3)	20,000				Lorain County Drug Repository		
College Now Greater Cleveland, Inc 50 Public Square, Suite 1800 Cleveland, OH 44113	346580096	501(C)(3)	26,000				College access advising in Lorain County		
Common Ground 14240 Baird Rd Oberlin, OH 44074	34-1838503	501(C)(3)	16,595				Support for Executive Director's Position		
Common Ground 14240 Baird Rd Oberlin, OH 44074	34-1838503	501(C)(3)	185,000				General operating support		

The Community Foundation of Lorain County

Grantee 990 -Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2012
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Community Foundation of Lorain County 9080 Leavitt Rd Elyria, OH 44035	341322781	501(C)(3)	7,589				2012 payout		
Community Foundation of Lorain County 9080 Leavitt Rd Elyria, OH 44035	341322781	501(C)(3)	402				development efforts advertising, meetings, events, and materials		
Community Foundation of Lorain County 9080 Leavitt Rd Elyria, OH 44035	341322781	501(C)(3)	3,000				To promote community discussion of the Arcanum Production videos		
Community Foundation of Lorain County 9080 Leavitt Rd Elyria, OH 44035	341322781	501(C)(3)	52,674				2012 payout		
Cornerstone Pregnancy Services 364 Griswold Road Elyria, OH 44035	341487107	501(C)(3)	6,668				2012 payout		
Easter Seals Northern Ohio 41641 North Ridge Road, Suite D Elyria, OH 44035	314380051	501(C)(3)	1,727				2012 payout		
Easter Seals Northern Ohio 41641 North Ridge Road, Suite D Elyria, OH 44035	314380051	501(C)(3)	5,463				2012 payout		

The Community Foundation of Lorain County

Grantee 990 -Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2012
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Echoing Hills Village, Inc 36272 CR 79 Warsaw, OH 43844	31-0735747	501(C)(3)	3,429				support the Christian Ministry work of Echoing Hills Village, Inc		
Echoing Hills Village, Inc 36272 CR 79 Warsaw, OH 43844	31-0735747	501(C)(3)	13,437				2012 payout		
Elyria Rotary Club P O Box 627 Elyria, OH 44036-0627	34-6608216	501(c)(4)	2,250				2012 scholarship program		
Elyria Rotary Club P O Box 627 Elyria, OH 44036-0627	34-6608216	501(c)(4)	11,250				2012 Scholarships		
Family Promise of Lorain County, Inc P O Box 179 Elyria, OH 44036	20-5804251	501(C)(3)	30,000				Interfaith Hospitality Network		
Firelands Association for the Visual Arts New Union Center for the Arts 39 South Main St Oberlin, OH 44074	341282501	501(C)(3)	9,441				2012 payout		
Firelands School District 112 N Lake St Amherst, OH 44001		501(C)(3)	13,552				staff grants		
Firelands School District 112 N Lake St Amherst, OH 44001		501(C)(3)	3,061				staff grants		

The Community Foundation of Lorain County

Grantee 990 -Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2012
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponser's EIN
Firelands School District 112 N Lake St Amherst, OH 44001		501(C)(3)	10,289				staff grants		
Firelands School District 112 N Lake St Amherst, OH 44001		501(C)(3)	500				Feeding our Firelands Family		
Friendship Animal Protective League 8303 Murray Ridge Rd Elyria, OH 44035	34-6529498	501(C)(3)	10,000				General operating support and professional development		
Girl Scouts of North East Ohio One Girl Scout Way Macedonia, OH 44056-2156	34-0931195	501(C)(3)	25,000				Lorain County member services		
Golden Acres Home P O Box 190 Amherst, OH 44001		501(C)(3)	9,364				2012 payout		
Great Lakes Theater Festival 1501 Euclid Ave , Ste 300 Cleveland, OH 44115	34-0901212	501(C)(3)	22,206				2012-2013 Education programs in Lorain County		
Herrick Memorial Library 101 Willard Memorial Squar Wellington, OH 44090	34-1418545	501(C)(3)	4,233				2012 payout		
Herrick Memorial Library 101 Willard Memorial Squar Wellington, OH 44090	34-1418545	501(C)(3)	4,000				Literacy for Wellington Exempted School District Latchkey Program		

The Community Foundation of Lorain County

Grantee 990 -Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2012
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Junior Achievement of Greater Cleveland 1422 Euclid Avenue, Ste 525 Cleveland, OH 44115	340733164	501(C)(3)	15,000				Advancing K-12 economic education in Lorain County		
Kiwanis Club of Avon Lake 161 Tomahawk Lane Avon Lake, OH 44012	237275321	501(C)(4)	4,800				2012 Scholarship Program		
Kiwanis Club of Avon Lake 161 Tomahawk Lane Avon Lake, OH 44012	237275321	501(C)(4)	4,500				2012 Scholarship Program		
Leadership Lorain County 201 Burns Road, Suite A Elyria, OH 44035	341695613	501(C)(3)	18,500				Summer Internship Program 2013		
Leadership Lorain County 201 Burns Road, Suite A Elyria, OH 44035	341695613	501(C)(3)	1,242				2012 payout		
Leadership Lorain County 201 Burns Road, Suite A Elyria, OH 44035	341695613	501(C)(3)	2,000				2012 payout		
Legal Aid Society of Cleveland 1223 West Sixth St, Floor 4 Cleveland, OH 44113	34-0866026	501(C)(3)	15,000				Access to Justice for Lorain County Residents		
Legal Aid Society of Cleveland 1223 West Sixth St, Floor 4 Cleveland, OH 44113	34-0866026	501(C)(3)	5,506				2012 payout - Lorain County services		

The Community Foundation of Lorain County

Grantee 990 -Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2012
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponser's EIN
Lorain City Schools 2350 Pole Ave Lorain, OH 44052	34-6001701	501(C)(3)	4,257				dictionaries for lorain city schools 3rd graders		
Lorain City Schools 2350 Pole Ave Lorain, OH 44052	34-6001701	501(C)(3)	10,000				School uniforms		
Lorain County Historical Society 509 Washington Ave Elyria, OH 44035	340868574	501(C)(3)	3,000				strong preference for the genealogy department of the Johnson Memorial Library		
Lorain County Historical Society 509 Washington Ave Elyria, OH 44035	340868574	501(C)(3)	274				to support programs for the Youth of Elyria		
Lorain County Historical Society 509 Washington Ave Elyria, OH 44035	340868574	501(C)(3)	898				2012 PAYOUT		
Lorain County Historical Society 509 Washington Ave Elyria, OH 44035	340868574	501(C)(3)	8,143				2012 payout		
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(C)(3)	434				Sandra Todd (Poetry Books)		
Lorain County Joint Vocational School	34-1026617	501(C)(3)	5,893				HS students in need (5841 50)		

The Community Foundation of Lorain County

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2012
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(C)(3)	400				Heath Frame Reimbrmt (51 96)		
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(C)(3)	629				adult students in need		
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(C)(3)	7,696				adult students in need		
Lorain County Metropolitan Park District 12882 Diagonal Road LaGrange, OH 44050	31-1566725	501(C)(3)	35,000				2012 payout		
Lorain County Metropolitan Park District 12882 Diagonal Road LaGrange, OH 44050	31-1566725	501(C)(3)	5,000				Children's Special Needs Playground		
Lorain County Office on Aging 226 Middle Avenue Elyria, OH 44035	34-1136543	501(C)(3)	18,195				Southern Satellite Office		
Lorain County Urban League 1530 West River Road Suite 300	341263379	501(C)(3)	23,000				Save Our Sons		

The Community Foundation of Lorain County

Grantee 990 -Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2012
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Elyria, OH 44035									
Lorain County Urban League 1530 West River Road Suite 300 Elyria, OH 44035	341263379	501(C)(3)	2,000				Move		
Lorain County Urban League 1530 West River Road Suite 300 Elyria, OH 44035	341263379	501(C)(3)	1,000				LCUL College Tour		
Lorain Palace Civic Center 617 Broadway Lorain, OH 44052	237370856	501(C)(3)	97,583				2012 payout		
Lorain Palace Civic Center 617 Broadway Lorain, OH 44052	237370856	501(C)(3)	4,266				2012 payout		
Lorain YWCA 200 9th St Lorain, OH 44052	34-0810147	501(C)(3)	5,385				2012 PAYOUT		
Lutheran Metropolitan Ministry Association 1468 West 25th St Cleveland, OH 44113-3102	34-1043756	501(C)(3)	20,000				Volunteer Guardianship Program of Lorain County		
Neighborhood Alliance 457 Griswold Rd Elyria, OH 44035	340714471	501(C)(3)	16,039				2012 payout		
Neighborhood Alliance 457 Griswold Rd	340714471	501(C)(3)	35,000				Haven Homeless Shelter		

The Community Foundation of Lorain County

Grantee 990 -Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2012
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponser's EIN
Elyria, OH 44035									
Neighborhood Alliance 457 Griswold Rd Elyria, OH 44035	340714471	501(C)(3)	800				2012 Summer Youth Internship		
North Ridgeville Board of Education 5490 Mills Creek Lane North Ridgeville, OH 44039	34-6002304	501(C)(3)	1,554				2012 payout		
North Ridgeville Board of Education 5490 Mills Creek Lane North Ridgeville, OH 44039	34-6002304	501(C)(3)	3,100				2012 payout		
North Ridgeville Board of Education 5490 Mills Creek Lane North Ridgeville, OH 44039	34-6002304	501(C)(3)	6,164				2012 payout		
North Ridgeville Community Care 34015 Center Ridge Rd North Ridgeville, OH 44039	341377378	501(C)(3)	10,000				Essentials and Choices for Daily Living		
Norwalk City Schools 134 Benedict Ave Norwalk, OH 44857	346400092	501(C)(3)	500				Teacher Grant		
Norwalk City Schools 134 Benedict Ave Norwalk, OH 44857	346400092	501(C)(3)	10,000				2012 fundraiser		
Norwalk City Schools	346400092	501(C)(3)	500						

The Community Foundation of Lorain County

Grantee 990 -Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2012
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponser's EIN
134 Benedict Ave Norwalk, OH 44857	346400092	501(C)(3)	500				Teacher Grant		
Norwalk City Schools 134 Benedict Ave Norwalk, OH 44857							Teacher Grant		
Oberlin Choristers New Union Center for the Arts 39 S Main St., Suite 242 Oberlin, OH 44074	02-0737741	501(C)(3)	10,000				General operating support		
Oberlin Choristers New Union Center for the Arts 39 S Main St., Suite 242 Oberlin, OH 44074	02-0737741	501(C)(3)	1,694				2012 payout		
Oberlin City Schools 153 N Main St Oberlin, OH 44074-1173	34-6002072	501(C)(3)	45,181				Ninde Collaborative 2011-2012 School Year		
Oberlin City Schools 153 N Main St Oberlin, OH 44074-1173	34-6002072	501(C)(3)	500				Back Pack Program For Eastwood and Prospect School		
Oberlin College 70 N Professor St Oberlin, OH 44074	340714363	501(C)(3)	4,823				2012 payout - Maintenance of Burrel King House		
Oberlin College 70 N Professor St Oberlin, OH 44074	340714363	501(C)(3)	750				Ninde Scholars Program		

The Community Foundation of Lorain County

Grantee 990 -Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2012
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
Oberlin Early Childhood Center 317 E College St Oberlin, OH 44074-1310	237313925	501(C)(3)	50,231				2012 payout		
Oberlin Early Childhood Center 317 E College St Oberlin, OH 44074-1310	237313925	501(C)(3)	9,189				maintenance, repair, upkeep, operation and preservation and improvement of the Center's premises located at 317 E College St, Oberlin, Ohio		
Oberlin Heritage Center/O H I O 73 1/2 S Professor St P O Box 455 Oberlin, OH 44074-0455	346533053	501(C)(3)	14,881				2012 payout		
Oberlin Heritage Center/O H I O 73 1/2 S Professor St P O Box 455 Oberlin, OH 44074-0455	346533053	501(C)(3)	6,840				2012 payout		
Oberlin Seniors Inc 457 Griswold Rd Elyria, OH 44035		501(C)(3)	8,086				2012 payout	Neighborhood Alliance 457 Griswold Rd Elyria, OH 44035	340714471
Ohio Asn of Family Career and Community Leaders P O Box 114 Liberty Center, OH 43532	23-7088984	501(C)(3)	7,403				2012 payout		
Ohio Dance Theatre New Union Center for the Arts 39 S Main St, Ste 241 Oberlin, OH 44074	341691994	501(C)(3)	5,000				General operating support		

The Community Foundation of Lorain County

Grantee 990 -Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2012
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponser's EIN
Ohio State University Foundation 42110 Russia Road Elyria, OH 44035	31-1145986	501(C)(3)	3,000				Lorain County 4-H "Underage Drinking Prevention Project"		
Ohio State University Foundation 42110 Russia Road Elyria, OH 44035	31-1145986	501(C)(3)	30,000				Lorain County 4-H program		
Ohio Tuition Trust Authority 580 South High St Suite 208 Columbus, OH 43215-5644		501(C)(3)	6,125				July-Dec 2011 contributions	Wellington City Schools 201 S Main St Wellington, OH 44090	346003026
Rochester Volunteer Fire Department 100 Eagle St Rochester, OH 44090	34-6611618	501(C)(3)	10,000				Jaws of Life extrication unit		
Save Our Children, Inc 1621 Middle Ave Elyria, OH 44035	311547340	501(C)(3)	12,500				Youth programs		
The Lorain County Law Library Association 226 Middle Avenue Elyria, OH 44035		501(C)(3)	22,453				purchase of computer equipment		
The MAD Factory New Union Center For The Arts 39 S Main St , Site 310 Oberlin, OH 44074	34-1787202	501(C)(3)	500				Theatre Based Arts Programming and Outreach		

The Community Foundation of Lorain County

Grantee 990 --Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2012
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponsor's EIN
The MAD Factory New Union Center For The Arts 39 S Main St , Ste 310 Oberlin, OH 44074	34-1787202	501(C)(3)	5,000				Theatre-based Arts Programming		
TrueNorth Cultural Arts c/o Metro Parks French Creek 4530 Colorado Avenue Sheffield Village, OH 44054	34-1939023	501(C)(3)	18,000				General operating support		
Veggie U 12304 State Route 13 Milan, OH 44846	04-3712962	501(C)(3)	15,750				Earth to Table Science Program		
W G Nord Mental Health Center 6140 S Broadway Lorain, OH 44053	34-0949459	501(C)(3)	10,828				2012 payout		
W G Nord Mental Health Center 6140 S Broadway Lorain, OH 44053	34-0949459	501(C)(3)	2,248				2012 payout		
Wellington City Schools 201 S Main St Wellington, OH 44090	346003026	501(C)(3)	445				Round 1 grants		
Wellington City Schools 201 S Main St Wellington, OH 44090	346003026	501(C)(3)	1,551				Round 1 grants		
Wellington City Schools	346003026	501(C)(3)	8,635						

Grantee 990 -Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2012
Region All Regions

[illegible]

The Community Foundation of Lorain County

Grantee 990 -Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2012
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponsor	Sponser's EIN
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Grantee 990 - Part 3 Individuals
Tax Year 2012
Region All Regions

Type of Grant	# Recipients	Amount of Cash Grants	Amount of non-cash Assistance	Method of Valuation	Description	Non-cash Assistance
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EDUCATION	364	569,883				
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Totals	364	569,883	0			0
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