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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
TOLEDO COMMUNITY FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
300 MADISON AVENUE SUITE 1300

City or town, state or province, country, and ZIP or foreign postal code
TOLEDO, OH 43604

D Employer identification number
23-7284004

E Telephone number
(419) 241-5049

G Gross receipts $ 23,308,795

F Name and address of principal officer
KEITH BURWELL
300 MADISON AVENUE SUITE 1300
TOLEDO,OH 43604

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW TOLEDOCF ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1973

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE PRIMARY EXEMPT PURPOSE OF THE ORGANIZATION IS TO ENRICH THE QUALITY OF LIFE IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN BY PROVIDING FINANCIAL SUPPORT TO INITIATE PROGRAMS THAT ADDRESS THE CHANGING NEEDS OF OUR REGION

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	19
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	10,551,702	14,917,042
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,399,303	6,365,229
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,895,108	2,026,524
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,846,113	23,308,795
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,286,135	12,708,507
	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)	1,039,336	1,114,548
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,679		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,659,967	2,128,741
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,985,438	15,951,796
	19 Revenue less expenses Subtract line 18 from line 12	4,860,675	7,356,999

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	113,513,674	120,870,098
	21 Total liabilities (Part X, line 26)	9,217	8,642
	22 Net assets or fund balances Subtract line 21 from line 20	113,504,457	120,861,456

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

****** | 2014-11-12
Signature of officer | Date

MARY WERNER CHAIRMAN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KRIS C BOTTLES CPA		2014-11-12		P00446965

Firm's name ▶ REHMANN ROBSON LLC | Firm's EIN ▶ 38-3635706

Firm's address ▶ 5555 AIRPORT HWY STE 200
TOLEDO, OH 43615 | Phone no (419) 865-8118

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

THE TOLEDO COMMUNITY FOUNDATION, INC WAS CREATED TO ENRICH THE QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IN OUR REGION

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 $ 12,708,507 including grants of $ 12,708,507) (Revenue $ 1,149,889)

THIS ORGANIZATION IS A PUBLIC CHARITABLE CORPORATION SERVING THE PEOPLE OF NORTHWEST OHIO AND SOUTHEAST MICHIGAN FUNDS ARE EXPENDED FOR DESERVING CIVIC, CHARITABLE AND BENEVOLENT PURPOSES FOR THE BETTERMENT OF THE COMMUNITY AND RESIDENTS

4b (Code) (Expenses $ including grants of $) (Revenue $)

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** ▶ 12,708,507

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**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*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
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	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	14		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
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	2a	19		
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)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	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	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ OH

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ 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

▶ MS KIM CRYAN 300 MADISON AVENUE SUITE 1300
TOLEDO, OH 43604 (419) 241-5049

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY C WERNER CHAIRMAN	80	X		X				0	0	0
(2) DAVE F WATERMAN VICE CHAIRMAN	80	X		X				0	0	0
(3) SCOTT ESTES TREASURER	80	X		X				0	0	0
(4) PATRICIA J APPOLD SECRETARY	80	X		X				0	0	0
(5) MICHAEL J ANDERSON TRUSTEE	80	X						0	0	0
(6) ANTHONY J ARMSTRONG MD TRUSTEE	80	X						0	0	0
(7) WILLIAM FALL TRUSTEE	80	X						0	0	0
(8) JIM HOFFMAN TRUSTEE	80	X						0	0	0
(9) MARK LUETKE TRUSTEE	80	X						0	0	0
(10) RITA NA MANSOUR TRUSTEE	80	X						0	0	0
(11) BEVERLY MCBRIDE TRUSTEE	80	X						0	0	0
(12) GEOFFREY G MEYERS TRUSTEE	80	X						0	0	0
(13) GRANGER SOUDER TRUSTEE	80	X						0	0	0
(14) MARK ZYNDORF TRUSTEE	80	X						0	0	0
(15) KEITH BURWELL PRESIDENT/CEO	50 00 3 80			X				188,294	0	17,794
(16) KIMBERLY CRYAN CHIEF FINANCIAL OFFICER	45 00			X				114,220	0	7,088

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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								302,514	0	24,882

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 ▶ 2

			Yes	No
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*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	62,778			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,854,264			
	g	Noncash contributions included in lines 1a-1f $		5,622,531			
	h	**Total.** Add lines 1a-1f . . . . . ▶		14,917,042			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶					
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,580,928			3,580,928
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	2,784,301				
	b	Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	2,784,301				
	d	Net gain or (loss) . . . . . ▶		2,784,301			2,784,301
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	ADMINISTRATIVE FEES	561000	1,149,889	1,149,889		
	b	OTHER REVENUE	900099	876,635			876,635
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		2,026,524			
	12	**Total revenue.** See Instructions . . . . . ▶		23,308,795	1,149,889	0	7,241,864

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 or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	11,822,780	11,822,780		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	885,727	885,727		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	327,396		325,513	1,883
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	576,504		574,756	1,748
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	57,693		57,693	
9 Other employee benefits	88,202		87,753	449
10 Payroll taxes	64,753		64,390	363
11 Fees for services (non-employees)				
a Management				
b Legal	12,573		12,573	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	60,681		60,681	
12 Advertising and promotion	137,071		133,013	4,058
13 Office expenses	8,318		8,318	
14 Information technology				
15 Royalties				
16 Occupancy	55,000		55,000	
17 Travel	56,687		56,687	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,596		35,596	
23 Insurance	5,215		5,215	
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 ADMINISTRATIVE FEE	998,022		998,022	
b BANK FEES	235,907		235,907	
c LIFE INSURANCE PREMIUMS	230,855		230,677	178
d MISCELLANEOUS	113,982		113,982	
e All other expenses	178,834		178,834	
25 **Total functional expenses.** Add lines 1 through 24e	15,951,796	12,708,507	3,234,610	8,679
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			939,785	1	708,891
	2	Savings and temporary cash investments			4,220,912	2	3,182,469
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	428,654			
	b	Less accumulated depreciation	10b	276,513	151,957	10c	152,141
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			107,922,605	12	116,634,345
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			278,415	15	192,252
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			113,513,674	16	120,870,098
Liabilities	17	Accounts payable and accrued expenses			5,717	17	5,642
	18	Grants payable				18	
	19	Deferred revenue			3,500	19	3,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D				25	
	26	**Total liabilities.** Add lines 17 through 25			9,217	26	8,642
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds			113,504,457	32	120,861,456
	33	Total net assets or fund balances			113,504,457	33	120,861,456
	34	Total liabilities and net assets/fund balances			113,513,674	34	120,870,098

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,308,795
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,951,796
3	Revenue less expenses Subtract line 2 from line 1	3	7,356,999
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	113,504,457
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	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	120,861,456

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☑ Other Modified Cash 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?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TOLEDO COMMUNITY FOUNDATION INC

Employer identification number
23-7284004

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?

	Yes	No
(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? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,314,379	11,279,278	13,176,344	10,551,702	14,917,042	57,238,745
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	7,314,379	11,279,278	13,176,344	10,551,702	14,917,042	57,238,745
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)						6,344,904
6 **Public support.** Subtract line 5 from line 4						50,893,841

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	7,314,379	11,279,278	13,176,344	10,551,702	14,917,042	57,238,745
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,453,012	2,802,325	3,202,421	4,399,303	3,580,928	16,437,989
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	933,033	1,555,853	2,318,576	1,895,108	2,026,524	8,729,094
11 **Total support** (Add lines 7 through 10)						82,405,828

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	**14**	61 760 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	**15**	59 890 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2012.** 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 ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TOLEDO COMMUNITY FOUNDATION INC

Employer identification number
23-7284004

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	176	
2	Aggregate contributions to (during year)	11,736,224	
3	Aggregate grants from (during year)	5,772,219	
4	Aggregate value at end of year	45,852,342	

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? ☑ Yes ☐ 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? ☑ Yes ☐ No

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

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

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

		Held at the End of the 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 ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	17,102,639	17,127,683	18,108,072	18,758,126	18,326,155
b	Contributions	284,609	193,855	486,732	349,632	735,480
c	Net investment earnings, gains, and losses	1,456,143	677,451	751,564	2,079,193	475,945
d	Grants or scholarships	3,032,936	789,148	2,109,744	2,977,767	684,333
e	Other expenditures for facilities and programs					
f	Administrative expenses	108,976	107,202	108,941	101,112	95,121
g	End of year balance	15,701,479	17,102,639	17,127,683	18,108,072	18,758,126

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 99 000 %
- c Temporarily restricted endowment ▶ 1 000 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		428,654	276,513	152,141
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				152,141

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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		
(3) Other		
(A) VANGUARD INDEX TOTAL STOCK MARKET PORTFOLIO	45,239,747	C
(B) VANGUARD BOND INDEX FUND	12,234,603	C
(C) DFA GLOBAL FIXED INCOME FUND	12,385,685	C
(D) COMMON TRUST FUNDS	115,710	C
(E) VANGUARD SHORT TERM BOND INDEX FUND	539,138	C
(F) TRAN STAR LLC	2,166,032	C
(G) VANGUARD FTSE ALL-WORLD EX-US INDEX FUND	40,943,448	C
(H) UBS INVESTMENT PARTNERSHIP	2,899,331	C
(I) STOCK IN TRANSIT	110,651	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	116,634,345	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Liability for uncertain tax positions 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

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

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S INTENDED USE OF ENDOWMENT FUNDS IS CONSISTENT WITH THE MISSION OF THE TOLEDO COMMUNITY FOUNDATION, INC
PART X, LINE 2	THE ORGANIZATION HAS EVALUATED UNCERTAIN TAX POSITIONS AND BELIEVES THERE ARE NO SUCH POSITIONS OF SIGNIFICANCE THAT ARE REQUIRED TO BE REPORTED

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-7284004
Name: TOLEDO COMMUNITY FOUNDATION INC

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or cateory (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
(3)Other (A) VANGUARD INDEX TOTAL STOCK MARKET PORTFOLIO	45,239,747	C
(B) VANGUARD BOND INDEX FUND	12,234,603	C
(C) DFA GLOBAL FIXED INCOME FUND	12,385,685	C
(D) COMMON TRUST FUNDS	115,710	C
(E) VANGUARD SHORT TERM BOND INDEX FUND	539,138	C
(F) TRAN STAR LLC	2,166,032	C
(G) VANGUARD FTSE ALL-WORLD EX-US INDEX FUND	40,943,448	C
(H) UBS INVESTMENT PARTNERSHIP	2,899,331	C
(I) STOCK IN TRANSIT	110,651	C

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TOLEDO COMMUNITY FOUNDATION INC

Employer identification number
23-7284004

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	PROGRAMME FOR SUSTAINABILITY LEADERSHIP - THE ATLAS PROJECT	15,000				
(2)		SOUTH ASIA	OC GLOBAL VOLUNTEER OF THE YEAR TEAM GRANT AWARD	10,000				
(3)		SOUTH ASIA	INDIA ENERGY ACCESS NETWORK	10,000				
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 3

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	ALL GRANTEES, FOREIGN OR DOMESTIC, ARE REQUIRED TO SEND IN REPORTS FOR COMPETITIVE GRANTS THOSE REPORTS BECOME A PART OF THE GRANT FILE. THE GRANTEES ALSO SEND IN ACKNOWLEDGEMENTS FOR GRANT PAYMENTS AND SIGN GRANT AGREEMENTS OUTLINING THE TERMS OF THE GRANT AND DUE DAT ES FOR REPORTS AND A SCHEDULE OF PAYMENTS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TOLEDO COMMUNITY FOUNDATION INC

Employer identification number
23-7284004

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 196

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 196

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EDUCATIONAL SCHOLARSHIPS	84	885,727			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	FOR COMPETITIVE GRANTS, INTERIM AND FINAL REPORTS MUST BE SUBMITTED IN ORDER TO RECEIVE ALL FUNDS FOR SCHOLARSHIPS, SCHEDULES, GRADES, AND STATEMENTS OF ACCOUNT MUST BE RECEIVED BY TOLEDO COMMUNITY FOUNDATION BEFORE PAYMENTS ARE MADE TO THE UNIVERSITIES/COLLEGES

Additional Data

Software ID:
Software Version:
EIN: 23-7284004
Name: TOLEDO COMMUNITY FOUNDATION INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ABILITY CENTER OF GREATER TOLEDO 5605 MONROE STREET SYLVANIA,OH 43560	34-4428597	501(C)(3)	5,750				SUMMER BIKE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADVOCATES FOR BASIC LEGAL EQUALITY INC 525 JEFFERSON AVE STE 300 TOLEDO,OH 43604	23-7376131	501(C)(3)	65,000				MEDICAL LEGAL PARTNERSHIP FOR CHILDREN ANNUAL CAMPAIGN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALL SAINTS EPISCOPAL CHURCH 608 JEFFERSON ST TUPELO,MS 38804	31-1629166	501(C)(3)	10,000				GENERAL SUPPORT RECTOR'S FUND

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLIANCE TO END HUNGER 425 3RD STREET SW SUITE 1200 WASHINGTON, DC 20024	20-2803848	501(C)(3)	125,000				HUNGER IS A HEALTH ISSUE PROGRAM SUPPORT TO SUPPORT NATIONAL EFFORTS SURROUNDING HUNGER & HUNGER AS A HEALTH ISSUE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER,CO 80221	52-1573446	501(C)(3)	20,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN MATHEMATICAL SOCIETY 201 CHARLES STREET PROVIDENCE,RI 02904	05-0264797	501(C)(3)	5,000				IN HONOR OF FORM MEMBER NIKHIL PATEL, FROM HIS PARENTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSS OF NORTHWEST OHIO 3100 W CENTRAL AVE TOLEDO,OH 43606	53-0196605	501(C)(3)	21,090				TO SUPPORT THE CHAPTER'S VOLUNTEER PROGRAM, WITH PRIORITY TO SUPPORTING SERVICES FOR VOLUNTEER NURSING PROFESSIONALS SERVING IN DISASTER RELIEF AND ASSISTANCE TYPHOON HAIYAN HURRICANE SANDY RELIEF

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARIZONA WOMEN'S EDUCATION & EMPLOYMENT 640 N 1ST AVE PHOENIX,AZ 85003	86-0412509	501(C)(3)	15,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARTS COMMISSION OF GREATER TOLEDO INC 1838 PARKWOOD AVE STE 120 TOLEDO,OH 43604	34-1358701	501(C)(3)	25,000				ARTS COMMISSION OF GREATER TOLEDO INNOVATION AWARD STRATEGIC ALLIANCE PARTNERSHIP WITH LISC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASU FOUNDATION FOR A NEW AMERICAN UNIVERSITY PO BOX 2260 TEMPE,AZ 85280	86-6051042	501(C)(3)	10,000				CHILDRENS BOOK DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AURURA PROJECT INC 1035 N SUPERIOR STREET TOLEDO,OH 43604	34-1517827	501(C)(3)	25,000				STRATEGIC ALLIANCE WITH AURORA PROJECT

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

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BEACH HOUSE INC DBA BEACH HOUSE FAMILY SHELTER 915 N ERIE STREET TOLEDO,OH 43604	34-4428659	501(C)(3)	12,500				GENERAL SUPPORT

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

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BLACK SWAMP CONSERVANCY 132 W SECOND ST STE C PO BOX 332 PERRYSBURG,OH 43552	34-1746749	501(C)(3)	10,742				NEW LAND PROTECTION & STEWARDSHIP STAFF POSITION

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

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BLACK SWAMP YOUNG LIFE PO BOX 412 MAUMEE,OH 43537	84-0385934	501(C)(3)	10,000				TO FUND CHRISTIAN EVANGELISM FOR YOUTH

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

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BOWLING GREEN COMMUNITY FOUNDATION PO BOX 1175 BOWLING GREEN, OH 43402	34-1790526	501(C)(3)	35,021				GRANT MAKING ANNUAL DISTRIBUTION 2012 DISTRIBUTION 2013 DISTRIBUTION

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

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BOY SCOUTS OF AMERICA - ERIE SHORES COUNCIL INC #460 PO BOX 8728 TOLEDO,OH 43623	22-1576300	501(C)(3)	31,463				ANNUAL DISTRIBUTION CAPITAL CAMPAIGN

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

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BOYS & GIRLS CLUB OF LENAWEE 340 E CHURCH ST A ADRIAN,MI 49221	38-3558470	501(C)(3)	8,000				HUDSON EXTENSION CLUB

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

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BOYS & GIRLS CLUBS OF TOLEDO 2250 N DETROIT AVE TOLEDO,OH 43606	34-4427933	501(C)(3)	92,523				CAPITAL/ENDOWMENT CAMPAIGN CARSON SCHOLARSHIP PROGRAM GENERAL SUPPORT AFTER SCHOOL PROGRAMS SUPPORT THE EAST TOLEDO CLUB IN THE EAST BROADWAY ELEMENTARY SCHOOL BUILDING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BUTTERFLY HOUSE EDUCATION SERVICES INC 11404 OBEE ROAD WHITEHOUSE,OH 43571	20-0273242	501(C)(3)	34,000				GENERAL SUPPORT VIETNAM VETERANS TRAVELING WALLS

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

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CASPAR GREGORY CAMPINC PO BOX 322 AURORA,NY 13026	16-1202636	501(C)(3)	20,000				MEDICAL DIRECTOR'S HOUSE REBUILD AND INFIRMARY REPLACEMENT

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

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CATHOLIC CLUB 1601 JEFFERSON AVENUE TOLEDO,OH 43604	34-4428936	501(C)(3)	22,000				CATHOLIC CLUB KIDS ARE PRESIDENTIAL' STRATEGIC ALLIANCE PARTNERSHIP WITH CATHOLIC CLUB AND THE JOSH PROJECT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER OF HOPE FAMILY SERVICES INC PO BOX 5308 TOLEDO,OH 43611	20-0955193	501(C)(3)	55,780				NURTURING FATHERS MENTORING

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

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CENTRAL CATHOLIC HIGH SCHOOL 2550 CHERRY STREET TOLEDO,OH 43608	34-4428211	501(C)(3)	137,193				SCHOLARSHIPS FOR THIRD & FOURTH YEAR STUDENTS WHO HAVE A B OR HIGHER GPA (RECIPIENTS TO BE SELECTED AT DISCRETION OF SCHOOL) IN HONOR OF FR DENNIS HARTIGAN (C/O TOM MAJ) GENERAL DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHARLESTON COLLEGIATE SCHOOL 2024 ACADEMY DR JOHNS ISLAND,SC 29455	57-0524957	501(C)(3)	8,000				GENERAL SUPPORT

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

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CHERRY STREET MISSION MINISTRIES 105 17TH STREET TOLEDO,OH 43604	34-1133369	501(C)(3)	48,780				GENERAL SUPPORT

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

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CHILDREN'S BUREAU OF SOUTHERN CALIFORNIA 1910 MAGNOLIA AVE LOS ANGELES,CA 90007	95-1690975	501(C)(3)	5,000				GENERAL OPERATING

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

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CHILDREN'S HUNGER ALLIANCE 370 SOUTH FIFTH STREET COLUMBUS,OH 43215	23-7303509	501(C)(3)	21,167				AFTERSCHOOL MEAL EXPANSION IN TOLEDO

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

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CHURCH OF THE CROSS 1750 EASTGATE RD TOLEDO,OH 43614	34-1039823	501(C)(3)	46,049				CHRISTIAN EVANGELISM

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

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COATS FOR KIDS CLEVELAND 6200 OAK TREE BLVD CLEVELAND,OH 44131	34-1804606	501(C)(3)	5,000				GENERAL SUPPORT

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

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CONGREGATION CHABAD HOUSE - LUBAVITCH OF GREATER TOLEDO 4020 NANTUCKETT DR TOLEDO,OH 43623	34-1585242	501(C)(3)	10,000				PROGRAMMING FOR CHILDREN AND ADULTS - JEWISH LEARNING

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

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CONGREGATION ETZ CHAYIM 3853 WOODLEY ROAD TOLEDO,OH 43606	13-5623717	501(C)(3)	20,000				GOLDEN TRIBUTE FUND (FOR RABBI GARZEK'S RETIREMENT)

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

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COUNCIL OF MICHIGAN FOUNDATION INC 1 SOUTH HARBOR SUITE 3 GRAND HAVEN, MI 49417	38-6263347	501(C)(3)	5,000				GREAT LAKES FUNDER COLLABORATION FUNDS

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

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COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE STE 700 ARLINGTON,VA 22202	13-6068327	501(C)(3)	10,700				2013 DUES

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

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CRAIG HOSPITAL 3425 SOUTH CLARKSON ST ENGLEWOOD,CO 80113	84-0404233	501(C)(3)	10,000				BUILDING FUND

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

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CRAZY HORSE MEMORIAL FOUNDATION 12151 AVENUE OF THE CHIEFS CRAZY HORSE,SD 57730	46-0220678	501(C)(3)	20,000				GENERAL SUPPORT

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

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CREATE FOUNDATION INC PO BOX 1053 TUPELO,MS 38802	23-7248582	501(C)(3)	5,000				TREE OF LIFE / ARBOL DE LA VIDA FREE CLINIC

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

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DEFIANCE COLLEGE 701 N CLINTON STREET DEFIANCE,OH 43512	34-4430762	501(C)(3)	5,046				ANNUAL DISTRIBUTIONS

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

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DIOCESE OF TOLEDO 1933 SPIELBUSCH AVE TOLEDO,OH 43604	53-0196617	501(C)(3)	829,774				ANNUAL APPEAL ANNUAL DISTRIBUTION (CATHOLIC YOUTH ORGANIZATION, MONSIGNOR SCHMIT CYO ATHLETIC COMPLEX, PRIESTS' RETIREMENT FUND, PRIESTHOOD EDUCATION FUND) PADUA CENTER'S MAGICAL, MYSTERIOUS MATH SUMMER CATHEDRAL PROJECT (C/O BISHOP BLAIR) ROSARY CATHEDRAL RENOVATION PROJECT GRANT TO ALPHA/OMEGA FUND FOR THE BENEFIT OF CENTRAL CATHOLIC HIGH SCHOOL AND THE DIOCES OF TOLEDO

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

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DOCTORS WITHOUT BOARDERS USA 333 SEVENTH AVE NEW YORK, NY 10001	13-3433452	501(C)(3)	5,000				GENERAL SUPPORT

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

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DOUBLE ARC 3837 SECOR ROAD TOLEDO,OH 43623	34-1868205	501(C)(3)	12,500				PROJECT SUCCEED

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

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DUCKS UNLIMITED GREAT LAKES ATLANTIC REGIONAL OFFICE 1220 EISENHOWER PLACE ANN ARBOR, MI 48108	13-5643799	501(C)(3)	10,000				PRESIDENT'S CIRCLE

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EAST SIDE ORGANIZING PROJECT INC DBA ESOP 3631 PERKINS AVE CLEVELAND,OH 44114	34-1752943	501(C)(3)	18,333				OVERLAND PARK TOLEDO NEIGHBORHOOD ENGAGEMENT

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

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EAST TOLEDO FAMILY CENTER 1020 VARLAND AVE TOLEDO,OH 43605	34-4429426	501(C)(3)	5,000				EAST TOLEDO FAMILY CENTER EXCELLENCE AWARD - LARGE ORGANIZATION

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

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ECONOMIC AND COMMUNITY DEVELOPMENT INSTITUTE INC 1655 OLD LEONARD AVENUE COLUMBUS,OH 43219	31-1145544	501(C)(3)	33,480				DIRECT PROGRAM EXPENSES FOR THE TOLEDO AREA MICROENTERPRISE INITIATIVE

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

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ECONOMIC OPPORTUNITY PLANNING ASSOC OF GREATER TOLEDO INC 505 HAMILTON STREET TOLEDO,OH 43602	34-6562552	501(C)(3)	11,000				EXECUTIVE SEARCH PROJECT EOPA CAPACITY BUILDING FOR STRATEGIC PLANNING AND BOARD TRAINING

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

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EVANGELICAL ALLIANCE MISSION - TEAM 400 S MAIN PLACE CAROL STREAM,IL 60188	36-2169146	501(C)(3)	5,000				MINISTRY OF SCOTT & CAITLIN ANDREWS - ADMINISTER ON A MONTHLY BASIS

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

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FARM LABOR RESEARCH PROJECT DBA CAMPAIGN FOR MIGRANT WORKER JUS 1221 BROADWAY TOLEDO,OH 43609	34-1329126	501(C)(3)	10,000				SUPPORT FOR MIGRANT WORKER MOBILE MEDICAL CLINIC

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

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FEED LUCAS COUNTY CHILDREN INC PO BOX 9363 TOLEDO,OH 43697	34-1969461	501(C)(3)	18,280				GENERAL SUPPORT HEALTH AND HUMAN SERVICES

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

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FIRST PRESBYTERIAN CHURCH 200 EAST BROADWAY MAUMEE,OH 43537	34-4334675	501(C)(3)	19,000				GENERAL SUPPORT

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

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FIRST RESPONSE TEAM OF AMERICA 1060 N CHARLOTTE ST SUITE 102 LANCASTER,PA 17603	26-2811507	501(C)(3)	10,000				GENERAL SUPPORT

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FOCUS 2283 ASHLAND AVE TOLEDO,OH 43620	34-1439643	501(C)(3)	40,000				TO HONOR REV PEG SAMMONS UPON HER RETIREMENT FROM 20 YEARS OF SERVICE TO ST MICHAEL'S IN THE HILLS (TOLEDO, OH) CLIENT FAMILY FURNITURE

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

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FOOD FOR THOUGHT TOLEDO INC 316 ADAMS 2ND FLOOR TOLEDO,OH 43604	26-3032624	501(C)(3)	20,000				MOBILE PANTRY PROJECT

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

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FORT MEIGS ASSOCIATION FORT MEIGS STATE MEMORIAL PO BOX 3 PERRYSBURG,OH 43552	27-2083636	501(C)(3)	75,000				LAMBIE'S ROOM IN THE CHILDREN'S AREA SUPPORT FOR THE FORT MEIGS ASSOCIATION

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

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FRANCISCAN SHELTERS BETHANY HOUSE PO BOX 5930 TOLEDO,OH 43613	34-1612437	501(C)(3)	15,200				CAR PROGRAM CAR-GIFTING PROGRAM

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

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FREDERICK DOUGLASS COMMUNITY ASSOCIATION 1001 INDIANA AVENUE TOLEDO,OH 43607	34-4429189	501(C)(3)	17,020				FDCA FINANCIAL AUDIT & STRATEGIC PLANNING TECHNOLOGY ZONE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRIENDLY CENTER INC 1324 NORTH SUPERIOR STREET TOLEDO,OH 43604	34-4428217	501(C)(3)	42,900				HEALTHY BY CHOICE FRIENDLY CENTER CAPACITY BUILDING GRANT FOR FINANCIAL SYSTEMS IMPROVEMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FULTON COUNTY HISTORICAL SOCIETY INC 229 MONROE STREET WAUSEON,OH 43567	34-1413958	501(C)(3)	5,000				FULTON COUNTY HISTORICAL SOCIETY STRATEGIC ALLIANCE PARTNERSHIP AS COUNTY HERITAGE COLLABORATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FUNDERS' NETWORK FOR SMART GROWTH AND LIVABLE COMMUNITIES 1500 SAN REMO AVE SUITE 249 CAROL GABLES,FL 33146	57-1173613	501(C)(3)	5,000				ANNUAL MEMBERSHIP RENEWAL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GEARY FAMILY YMCA 154 WEST CENTER STREET FOSTORIA,OH 44830	34-4439890	501(C)(3)	196,394				FOUNDATION PARK SCOREBOARDS CAPITAL RENOVATIONS TO FOSTORIA COMMUNITY FOUNDATION PARK (MEADOWLARK) CONCESSION STAND IMPROVEMENTS AT FOSTORIA COMMUNITY FOUNDATION PARK (MEADOWLARK) MAINTENANCE AT FOSTORIA COMMUNITY FOUNDATION PARK (MEADOWLARK)

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GLOBAL CONNECTIONS OF BOWLING GREEN OHIO INC CO VICTOR N TEN BRINK 519 WEST WOOSTER STREET BOWLING GREEN,OH 43402	20-0270609	501(C)(3)	9,000				MONTHLY OPERATING FUNDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOOD GRIEF OF NORTHWEST OHIO 6855 SPRING VALLEY STE 100 HOLLAND,OH 43528	46-0765319	501(C)(3)	50,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GRACE COMMUNITY CENTER INC 406 W DELAWARE PO BOX 4519 TOLEDO,OH 43610	34-1262055	501(C)(3)	48,876				SPECIAL PROJECT TO HELP COVER THE SERVICES OF A PROFESSIONAL GRANT WRITER GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GRACE LUTHERAN CHURCH 705 WEST STATE STREET FREMONT,OH 43420	41-1568278	501(C)(3)	9,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GRACE PRESBYTERIAN CHURCH 1171 OAKWOOD AVE TOLEDO,OH 43607	23-6393377	501(C)(3)	25,000				TO BE USED AS AUTHORIZED BY THE SESSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GRACE UNITED METHODIST CHURCH 601 E BOUNDARY PERRYSBURG,OH 43551	34-0896206	501(C)(3)	5,000				VAN PURCHASE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREAT LAKES CENTER FOR AUTISM DBA GREAT LAKES COLLABORATIVE FOR AUTISM 2040 W CENTRAL AVE TOLEDO,OH 43606	20-1534537	501(C)(3)	67,263				SELF RELIANCE CENTER STUDENT VOLUNTEER AND EMPLOYMENT PROGRAM TOLEDO REGIONAL AUTISM NETWORK PROJECTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER TOLEDO URBAN LEAGUE INC 7 EAST BANCROFT STREET TOLEDO,OH 43620	34-1803841	501(C)(3)	7,448				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HABITAT FOR HUMANITY OF WOOD COUNTY INC PO BOX 235 BOWLING GREEN,OH 43402	58-1285159	501(C)(3)	5,052				ANNUAL DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK,AR 72202	35-1019477	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEROES IN ACTION INC MILITARY SUPPORT OUTREACH PO BOX 352046 TOLEDO,OH 43615	27-1056080	501(C)(3)	5,049				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOSPICE OF LENAWEE INC 1903 WOLF CREEK HIGHWAY ADRIAN,MI 49221	38-2414012	501(C)(3)	8,872				CAMP MENDING HEARTS - 2013 AND GRIEF COUNSELING SERVICES FOR CHILDREN AND THEIR FAMILIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOSPICE OF NORTHWEST OHIO 30000 EAST RIVER ROAD PERRYSBURG,OH 43551	34-1283188	501(C)(3)	984,978				ANNUAL DISTRIBUTION PALLIATIVE CARE PROGRAM SCHOLARSHIP ENDOWMENT PATIENT AND FAMILY CARE TO SUPPORT NEEDS AND PROGRAMS FUND DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOTCHKISS SCHOOL 11 INTERLAKEN ROAD LAKEVILLE,CT 06039	06-0647018	501(C)(3)	11,978				ANNUAL DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IMAGINATION STATION 1 DISCOVERY WAY TOLEDO,OH 43604	31-1337258	501(C)(3)	10,000				ADOPT A SCHOOL PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INDIAN RIVER HOSPITAL FOUNDATION 1000 36TH STREET VERO BEACH,FL 32962	59-0760215	501(C)(3)	10,000				EAGLE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INDIAN RIVER LAND TRUST 80 ROYAL PALM POINTE SUITE 301 VERO BEACH,FL 32960	65-0059649	501(C)(3)	15,000				SAVE OUR INDIAN RIVER LAGOON ACRE BY ACRE CAMPAIGN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INTERNATIONAL BOXING CLUB INC 525 EARLWOOD AVE POX 1468 OREGON,OH 43616	34-1871057	501(C)(3)	6,000				VOCATIONAL TRAINING CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH FEDERATION OF GREATER PHOENIX 12701 NORTH SCOTTSDALE ROAD SCOTTSDALE,AZ 85254	86-0096784	501(C)(3)	12,000				PROVIDE JEWISH EDUCATION TO ADULTS AND CHILDREN IN PHOENIX AREA AND HELP CLOTHE, FEED AND PROVIDE SOCIAL SUPPORT TO JEWS IN PHOENIX AND OVERSEAS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JOSINA LOTT FOUNDATION 120 S HOLLAND-SYLVANIA ROAD TOLEDO,OH 43615	23-7365555	501(C)(3)	156,699				CONSTRUCTION OF MULTI-PURPOSE BUILDING OFFICE/RESIDENT ROOM RENOVATIONS - EAST RESIDENCE PROJECT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF NORTHWESTERN OHIO INC 2239 CHEYENNE BLVD TOLEDO,OH 43614	84-1267604	501(C)(3)	46,000				2013-2014 SCHOLARSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KAUBISCH MEMORIAL PUBLIC LIBRARY 205 PERRY ST FOSTORIA,OH 44830	34-6401885	501(C)(3)	5,000				MICROFILM PROJECT TO ARCHIVE BACK ISSUES OF THE FOCUS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KIDS UNLIMITED INC 8927 ROYAL OAK DRIVE HOLLAND,OH 43528	20-4487408	501(C)(3)	60,000				GENERAL SUPPORT AND TO HELP WITH A MATCHING GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEADERSHIP TOLEDO 316 ADAMS STREET TOLEDO,OH 43604	34-1197734	501(C)(3)	32,464				YOUTH LEADERSHIP TOLEDO 2013-2014 YIPEE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEELANAU CONSERVANCY PO BOX 1007 105 N FIRST STREET LELAND,MI 49654	38-2710855	501(C)(3)	6,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEGAL AID OF WESTERN OHIO INC 525 JEFFERSON AVE STE 400 TOLEDO,OH 43604	34-1485732	501(C)(3)	19,000				LEGAL SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIBRARY LEGACY FOUNDATION OF THE TOLEDO-LUCAS PUBLIC LIBRARY 325 MICHIGAN STREET TOLEDO,OH 43604	34-1632308	501(C)(3)	80,000				PLANTING A SEED TO READ CAMPAIGN, INCLUDING SPECIAL PROGRAMMING WITH EMPHASIS ON THE SOUTH TOLEDO AREA GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LITTLE SISTERS OF THE POOR 930 S WYNN ROAD OREGON,OH 43616	34-0901052	501(C)(3)	8,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOURDES UNIVERSITY 6832 CONVENT BOULEVARD SYLVANIA,OH 43560	34-1226547	501(C)(3)	16,000				SUPPORT THE MUSLIM-INTERFAITH DIALOG LOURDES FUND SUPPORT THE UNDERSTANDING OF ISLAM

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

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LUCAS COUNTY ECONOMIC DEVELOPMENT CORPORATION TWO MARITIME PLAZA GROUND FLOOR TOLEDO,OH 43604	42-1711239	501(C)(3)	27,500				CEOS FOR CITIES SUPPORT FOR THE 2013 DOUBLE UP FOOD BUCKS PROGRAM ECONOMIC DATA PROJECT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LUCAS METROPOLITAN HOUSING AUTHORITY 435 NEBRASKA AVENUE PO BOX 477 TOLEDO,OH 43697		501(C)(3)	14,000				FITNESS EQUIPMENT FOR HOUSING DEVELOPMENT LOCATED AT 800 DIVISION STREET, TOLEDO

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAGDALEN COLLEGE 511 KEARSAGE MOUNTAIN ROAD WARNER,NH 03278	02-0309681	501(C)(3)	14,193				SCHOLARSHIP (IN MEMORY OF REV THOMAS SPARKS) FOR THIRD AND FOURTH YEAR STUDENTS WITH A B OR HIGHER GPA

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAKE-A-WISH FOUNDATION OF OHIO KENTUCKY & INDIANA INC 2545 FARMERS DR SUITE 300 COLUMBUS,OH 43235	34-1471131	501(C)(3)	6,400				GRETCHEN GOTTHART SKELDON WISH

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

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MAUMEE VALLEY COUNTRY DAY SCHOOL 1715 S REYNOLDS ROAD TOLEDO,OH 43614	34-4431301	501(C)(3)	226,978				ANNUAL FUND DAYAL HOUSE PROJECT UNDER ONE ROOF CAMPAIGN ANNUAL DISTRIBUTION CAPITAL CAMPAIGN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAUMEE VALLEY HERITAGE CORRIDOR 5100 W CENTRAL AVE TOLEDO,OH 43615	34-1754234	501(C)(3)	12,500				BUILDING THE CAPACITY OF MVHC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MERCY COLLEGE OF NORTHWEST OHIO DBA MERCY COLLEGE OF OHIO 2221 MADISON AVENUE TOLEDO,OH 43624	34-1726619	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MERCY CORPS PO BOX 2669 DEPT W PORTLAND,OH 97208	91-1148143	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
METROPOLITAN PARK DISTRICT OF THE TOLEDO AREA 5100 W CENTRAL AVE TOLEDO,OH 43615	57-1138357	501(C)(3)	26,900				TO SUPPORT FORT MIAMI/FALLEN TIMBERS HISTORICAL INTERPRETATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOBILE MEALS OF TOLEDO INC 2200 JEFFERSON AVE TOLEDO,OH 43604	34-1019610	501(C)(3)	10,000				WEEKENDER PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONCLOVA ROAD BAPTIST CHURCH 7819 MONCLOVA RD MONCLOVA,OH 43542	31-1407944	501(C)(3)	20,000				2013 CONTRIBUTIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONROE COUNTY OPPORTUNITY PROGRAM 1140 S TELEGRAPH ROAD MONROE,MI 48161	38-1814239	501(C)(3)	15,000				MONROE COUNTY FOOD BANK / HOMELESS ASSISTANCE FUND

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL MULTIPLE SCLEROSIS SOCIETY - OHIO BUCKEYE CHAPTER (TOLEDO OFFICE) 401 TOMAHAWK DRIVE MAUMEE,OH 43537	13-5661935	501(C)(3)	5,200				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL PARK TRUST 401 E JEFFERSON STREET 203 ROCKVILLE,MD 20877	52-1691924	501(C)(3)	15,000				NATIONAL KIDS TO PARKS DAY 2013

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

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NEIGHBORHOOD HOUSING SERVICES OF TOLEDO INC PO BOX 8125 704 SECOND STREET TOLEDO,OH 43605	34-1230687	501(C)(3)	46,667				SUCCESS MEASURES SURVEY OF OVERLAND NEIGHBORHOOD OVERLAND PARK NEIGHBORHOOD ENGAGEMENT

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

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NORTHWEST OHIO AFFILIATE SUSAN G KOMEN BREAST CANCER FOUNDATION 3100 WEST CENTRAL AVE 2ND FLOOR TOLEDO,OH 43606	75-2845063	501(C)(3)	33,100				DONATION - 20TH ANNUAL RACE FOR THE CURE SPECIAL PROJECT GENERAL SUPPORT 20TH ANNIVERSARY PINK RIBBON GALA

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OHIO PRESBYTERIAN RETIREMENT SERVICES - SWAN CREEK 1001 KINGSMILL PARKWAY COLUMBUS,OH 43229	34-4429863	501(C)(3)	8,250				DAILY LIVING NEEDS OF ELDERLY WOMEN

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

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OLIVET LUTHERAN CHURCH 5840 MONORE STREET SYLVANIA,OH 43560	34-4461567	501(C)(3)	5,000				ANNUAL PLEDGE

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

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OPPORTUNITY INTERNATIONAL INC 2122 YORK RD SUITE 150 OAK BROOK,IL 60523	54-0907624	501(C)(3)	10,000				IN MEMORY OF WASEELA MANSOUR

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OTTAWA COUNTY COMMUNITY FOUNDATION PO BOX 36 PORT CLINTON,OH 43452	34-1899124	501(C)(3)	30,402				COMMUNITY NEEDS GRANTMAKING - 2013

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OWENS COMMUNITY COLLEGE FOUNDATION PO BOX 10000 TOLEDO,OH 43699	20-1625785	501(C)(3)	5,295				2013-2014 SCHOLARSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARTNERS IN EDUCATION 300 MARTIN LUTHER KING JR DRIVE STE 210 TOLEDO,OH 43604	34-1772429	501(C)(3)	98,013				SUPPORT COLLEGE COACH PROGRAM GENERAL SUPPORT FOR AFTERSCHOOL ALLIANCE

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

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PEACE LUTHERAN CHURCH 1021 W WOOSTER ST BOWLING GREEN, OH 43402	36-3514295	501(C)(3)	10,000				CHURCH FINANCES AT THE DISCRETION OF THE CHURCH COUNCIL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PERRYSBURG HEIGHTS COMMUNITY ASSOCIATION PO BOX 612 PERRYSBURG,OH 43552	31-1329031	501(C)(3)	21,622				POSITIVE YOUTH DEVELOPMENT PROGRAM 2013 FUND DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PHILANTHROPY OHIO 37 WEST BROAD ST STE 800 COLUMBUS,OH 43215	31-1111842	501(C)(3)	22,475				2013 DUES TAX CREDIT PROJECT

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

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PHILLIPS EXETER ACADEMY 20 MAIN STREET EXETER,NH 03833	02-0222174	501(C)(3)	35,000				ANNUAL SUPPORT

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

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PORT CLINTON CITY SCHOOLS 811 S JEFFERSON ST PORT CLINTON,OH 43452		501(C)(3)	5,000				2013-2014 SCHOLARSHIP FOR MR SAMUEL MILLER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PREVENT BLINDNESS OHIO 1500 WEST THIRD AVE STE 200 COLUMBUS,OH 43212	36-3667121	501(C)(3)	13,000				NORTHWEST OHIO CHAPTER VISION CARE OUTREACH PROGRAM

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

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PROMEDICA TOLEDO CHILDREN'S HOSPITAL FOUNDATION CONRAD JOBST TOWER 2109 HUGHES BLVD SUITE 730 TOLEDO,OH 43606	34-1517672	501(C)(3)	88,000				CHILDHOOD OBESITY INITIATIVE

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

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PUBLIC BROADCASTING FOUNDATION OF NORTHWEST OHIO 1270 SOUTH DETROIT AVE PO BOX 30 TOLEDO,OH 43614	34-6554586	501(C)(3)	22,050				MORNING EDITION, CAR TALK - ATC, EXPLORING MUSIC (2013) 2013 WGTE TV SATURDAY NIGHT SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
READ FOR LITERACY INC 325 NORTH MICHIGAN ST TOLEDO,OH 43604	34-1516490	501(C)(3)	27,500				CREATING YOUNG READERS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REGIONAL GROWTH PARTNERSHIP 300 MADISON AVE SUITE 270 TOLEDO,OH 43604	34-1823833	501(C)(3)	50,000				ECONOMIC DEVELOPMENT PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RONALD MCDONALD HOUSE OF CLEVELAND INC 10415 EUCLID AVE CLEVELAND HEIGHTS, OH 44106	34-1269123	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RUTHERFORD B HAYES PRESIDENTIAL CENTER 1 SPIEGEL GROVE FREMONT,OH 43420	34-6502740	501(C)(3)	10,000				PERMANENT EXHIBIT DESIGN CONSULTANT

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

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SANDUSKY COUNTY FOOD PANTRY PO BOX 445 FREMONT,OH 43420	34-1212279	501(C)(3)	5,000				FOOD PANTRY SERVICES

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

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SAVAGE & ASSOCIATES FOUNDATION INC DBA SAVAGE FOUDNATION GOLF CLASSIC 4427 TALMADGE RD TOLEDO,OH 43623	20-2576401	501(C)(3)	27,000				GENERAL SUPPORT

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

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SIOP FOUNDATION INC 440 EAST POE RD STE 101 BOWLING GREEN,OH 43402	34-1875995	501(C)(3)	66,276				2014 AWARDS, SCHOLARSHIPS, FELLOWSHIP AND SMALL GRANTS 2013 AWARDS, SCHOLARSHIPS, FELLOWSHIP AND SMALL GRANTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SISTERS OF PROVIDENCE 5 GAMELIN STREET HOLYOKE,MA 01040	04-2108390	501(C)(3)	8,000				ANNUAL DISTRIBUTION

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

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SISTERS OF SOCIAL SERVICE 4316 LANAI ROAD ENCINO,CA 91436	53-0196617	501(C)(3)	5,000				PHILLIPPINES COLLEGE SCHOLARSHIP FUND FOR SR MICHELE WALSH'S MISSION WORK

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

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SMA FOUNDATION INC DBA STAUNTON MILITARY ACADEMY PO BOX 958 STAUNTON,VA 24402	54-1442734	501(C)(3)	5,000				LEGACY FUND CAMPAIGN CHALLENGE

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

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SOFIA QUINTERO ART & CULTURAL CENTER 1225 BROADWAY ST TOLEDO,OH 43609	34-1925216	501(C)(3)	54,663				COMMUNITY GARDEN ENRICHMENT PROGRAM STRATEGIC ALLIANCE PARTNERSHIP WITH THE BELIEVE CENTER

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

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ST ALOYSIUS CHURCH PO BOX 485 150 S ENTERPRISE ST BOWLING GREEN, OH 43402	53-0196617	501(C)(3)	8,000				ANNUAL DISTRIBUTION

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

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ST FRANCIS DE SALES HIGH SCHOOL 2323 W BANCROFT STREET TOLEDO,OH 43607	34-4465715	501(C)(3)	10,000				CAPITAL CAMPAIGN LEGACY CAMPAIGN

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

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ST JOAN OF ARC PARISH 5856 HEATHERDOWNS BLVD TOLEDO,OH 43614	53-0196617	501(C)(3)	116,000				ANNUAL GIFT SANCTUARY RENOVATION PROJECT

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

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ST JOSEPH CHURCH - SYLVANIA 5373 MAIN STREET SYLVANIA,OH 43560	53-0196617	501(C)(3)	20,000				FOUNDATION FOR THE FUTURE CAMPAIGN

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

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ST LUCAS EVANGELICAL LUTHERAN CHURCH 745 WALBRIDGE AVE TOLEDO,OH 43609	41-1568278	501(C)(3)	15,000				GENERAL SUPPORT CINDY'S KITCHEN

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

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ST MICHAEL'S IN THE HILLS EPISCOPAL CHURCH 4718 BRITTANY ROAD TOLEDO,OH 43615	31-1629166	501(C)(3)	34,842				ANNUAL CONTRIBUTION IN HONOR OF THE REVERENDS GREG AND PEG SAMMONS TITHE FROM PAUL SMITH AND KATHRYN BARRETT GENERAL OPERATIONS

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

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ST PAUL'S COMMUNITY CENTER 230 13TH ST TOLEDO,OH 43604	34-1252554	501(C)(3)	11,452				VETERAN'S PAYEE SERVICE

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

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ST PAUL'S EPISCOPAL CHURCH 310 ELIZABETH STREET MAUMEE,OH 43537	31-1629166	501(C)(3)	17,000				ANNUAL SUPPORT GENERAL SUPPORT

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

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ST PETER SCHOOL (TRANSFIGURATION OF THE LORD CATHOLIC PARISH) 225 NORTH 8TH STREET UPPER SANDUSKY, OH 43351	53-0196617	501(C)(3)	38,515				2013-2014 GENERAL OPERATIONS

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

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ST TIMOTHY'S EPISCOPAL CHURCH 871 EAST BOUNDARY STREET PERRYSBURG,OH 43551	34-0714658	501(C)(3)	18,278				ANNUAL DISTRIBUTION OPERATING MEMORIAL GARDEN MAINT GENERAL FUND-OPERATING

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

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ST URSULA ACADEMY 4025 INDIAN ROAD TOLEDO,OH 43606	34-1886759	501(C)(3)	5,000				TUITION ASSISTANCE

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

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ST VINCENT DE PAUL SOCIETY ST WENDELIN CONFERENCE INC 201 W FREMONT STREET FOSTORIA,OH 44830	27-5066713	501(C)(3)	22,500				BASIC NEEDS ASSISTANCE EMERGENCY NEEDS SUPPORT

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

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STRANAHAN THEATER TRUST 4645 HEATHERDOWNS BLVD TOLEDO,OH 43614	34-6560639	501(C)(3)	247,781				OPERATIONAL OR CAPITAL NEEDS OF THE STRANAHAN THEATER

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

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SUNSET RETIREMENT COMMUNITIES 4040 INDIAN ROAD TOLEDO,OH 43606	34-4428230	501(C)(3)	5,650				GRACE A GOSSENS MEMORIAL FUND APPLICATION 2013

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

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SUNSHINE INC RESIDENTIAL AND SUPPORT SERVICES 7223 MAUMEE WESTERN ROAD MAUMEE,OH 43537	34-4441627	501(C)(3)	6,400				MUSIC THERAPY PROGRAM

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

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SYLVANIA AREA FAMILY SERVICES INC 5440 MARSHALL ROAD SYLVANIA,OH 43560	34-1125908	501(C)(3)	22,060				2012 DISTRIBUTIONS

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

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THE 577 FOUNDATION 577 E FRONT STREET PERRYSBURG,OH 43551	34-1591869	501(C)(3)	510,046				2013 OPERATING NEEDS

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

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THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE DV3 CLEVELAND,OH 44195	34-0714585	501(C)(3)	5,000				PARKINSON'S RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE COCOON SHELTER PO BOX 1165 BOWLING GREEN, OH 43402	20-1011222	501(C)(3)	13,275				EXPANSION OF DOMESTIC VIOLENCE ADVOCACY SERVICES GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE DOWNTOWN FOUNDATION INC 121 EAST WOOSTER STREET BOWLING GREEN,OH 43569	27-1663969	501(C)(3)	15,000				STRATEGIC ALLIANCE PARTNERSHIP WITH BGCDF AND AREA BOWLING GREEN NONPROFITS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE NORMA STARK MEMORY GARDEN AND LABYRINTH PO BOX 410 PERRYSBURG,OH 43552	45-4223843	501(C)(3)	19,970				ANNUAL DISTRIBUTION GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE RAGDALE FOUNDATION 1260 NORTH GREEN BAY ROAD LAKE FOREST,IL 60045	36-2937927	501(C)(3)	7,500				KATHARINE WINEGARDEN WASHBURN MEMORIAL FELLOWSHIP IN WRITING AND LITERARY TRANSLATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE SALVATION ARMY - HILLSDALE 160 EAST BACON STREET HILLSDALE,MI 49242	38-1370971	501(C)(3)	10,000				FOOD ASSISTANCE PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE STONE TRUST CORPORATION PO BOX 201592 NEW HAVEN,CT 06520	06-0552923	501(C)(3)	20,000				ALL FOR HALL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE TOLEDO CLUB 235 14TH STREET TOLEDO,OH 43624	34-1845898	501(C)(3)	5,125				CHARITABLE HISTORIC EASEMENT - MAIN LOBBY MARBLE FLOOR RESTORATION AND COVE REPAIR PROJECTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE TOLEDO HOSPITAL 2142 NORTH COVE BLVD TOLEDO,OH 43606	34-4428256	501(C)(3)	11,978				ANNUAL DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE TRIBUTARY FUND PO BOX 608 BOZEMAN,MT 59771	03-0544897	501(C)(3)	25,000				TAIMEN FUND

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE TURTLE SURVIVAL ALLIANCE FOUNDATION 1989 COLONIAL PKWY FORT WORTH,TX 76110	20-0785702	501(C)(3)	7,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE UNIVERSITY CHURCH 4747 HILL AVE TOLEDO,OH 43615	34-0896206	501(C)(3)	9,141				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE UNIVERSITY OF TOLEDO FOUNDATION 2801 WEST BANCROFT STREET MS 318 TOLEDO,OH 43606	34-6555110	501(C)(3)	114,000				ALUMNI PAVILION DANA CANCER CENTER CAPITAL FUND - SUPPORT NEW CANCER CENTER INSTITUTE COLLEGE OF NURSING'S DEAN'S PROGRESS FUND - PRELIMINARY STUDY OF AN INSTALLATION OF COLLEGE OF NURSING HISTORY DISPLAY IN THE COLLIER BUILDING NORMAN C KLOPPING ENGINEERING SCHOLARSHIP FUND FOR THE COLLEGE OF ENGINEERING FROM JEFF & INGE KLOPPING DONATION - THE UNIVERSITY OF TOLEDO ATHLETICS LOVEJOY-SANZENBACHER ENGINEERING LEADERSHIP FUND, AND THE LOVEJOY-SANZENBACHER PHARMACY LEADERSHIP FUND

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO ANIMAL SHELTER ASSOCIATION INC 640 WYMAN ROAD TOLEDO,OH 43609	34-4434000	501(C)(3)	46,618				ANNUAL DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO AREA MINISTRIES 3043 MONROE STREET TOLEDO,OH 43606	34-4430364	501(C)(3)	83,333				RESTORING YOUTH INITIATIVE OF THE SECOND CHANCE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO BALLET ASSOCIATION INC 5001 MONROE STREET STE R20 TOLEDO,OH 43623	34-6542001	501(C)(3)	56,400				ADAPTIVE DANCE PROGRAM UPDATED NUTCRACKER SETS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO BOTANICAL GARDEN 5403 ELMER DRIVE TOLEDO,OH 43615	34-1350559	501(C)(3)	41,813				TOLEDO GROWS CROSBY LAKE RESTORATION EDUCATION PROJECT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO COMMUNITY SERVICE CENTER DBA FAMILY HOUSE 669 INDIANA AVENUE TOLEDO,OH 43604	34-1556086	501(C)(3)	10,670				REPLACEMENT OF BUNK BEDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO CULTURAL ARTS CENTER AT THE VALENTINE THEATRE 410 ADAMS STREET TOLEDO,OH 43604	34-1385037	501(C)(3)	5,000				GENERAL SUPPORT

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

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TOLEDO HOSPITAL FOUNDATION 2142 NORTH COVE BOULEVARD TOLEDO,OH 43606	34-1517672	501(C)(3)	20,000				LAMBOGRAM FUND

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO LUCAS COUNTY CARENETINC 3231 CENTRAL PARK WEST DRIVE SUITE 200 TOLEDO,OH 43617	43-1986672	501(C)(3)	5,000				TOLEDO LUCAS COUNTY CARENET EXCELLENCE AWARD - SMALL ORGANIZATION

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

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TOLEDO MUSEUM OF ART PO BOX 1013 TOLEDO,OH 43697	34-4434678	501(C)(3)	981,868				APOLLO SOCIETY GENERAL SUPPORT @ DIRECTORS CIRCLE - DIAMOND LEVEL PRESIDENT'S COUNCIL DIRECTOR'S CIRCLE ANNUAL DISTRIBUTION CAPITAL CVL

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

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TOLEDO NORTHWESTERN OHIO FOOD BANK INC 24 E WOODRUFF AVENUE TOLEDO,OH 43624	34-1441016	501(C)(3)	5,000				GENERAL SUPPORT

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

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TOLEDO OPERA ASSOCIATION 425 JEFFERSON AVE STE 601 TOLEDO,OH 43604	34-6556139	501(C)(3)	10,000				OPERA ON WHEELS PROGRAM

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

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TOLEDO ORCHESTRA ASSOCIATION DBA TOLEDO SYMPHONY PO BOX 407 TOLEDO,OH 43697	34-4005365	501(C)(3)	48,694				GENERAL SUPPORT PROGRAMMING IMPACTING YOUNG PEOPLE 2013-2014 SCHOLARSHIP FOR THOMAS STUART ANNUAL FUND TUITION FOR THOMAS STUART - CLEVELAND INSTITUTE OF MUSIC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO PUBLIC SCHOOLS THURGOOD MARSHALL BLDG 420 E MANHATTAN BLVD ROOM 110 TOLEDO,OH 43608	34-6401449	501(C)(3)	30,500				SUPPORT FOR THE YOUNG MEN OF EXCELLENCE AND YOUNG WOMEN OF EXCELLENCE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO SCHOOL FOR THE ARTS 333 14TH STREET TOLEDO,OH 43604	34-1876647	501(C)(3)	5,000				GENERAL SUPPORT

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

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TOLEDO SEAGATE FOOD BANK 526 HIGH STREET TOLEDO,OH 43609	51-0252948	501(C)(3)	35,000				MAIN FREEZER UPDATE WITH NEW PANEL AND DOORS FOR EFFICIENCY

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

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TOLEDO SOCIETY FOR THE BLIND DBA THE SIGHT CENTER 1002 GARDEN LAKE PARKWAY TOLEDO,OH 43614	34-4428258	501(C)(3)	13,000				VISION REHABILITATION PROGRAM

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

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TOLEDO ZOOLOGICAL SOCIETY PO BOX 140130 TOLEDO,OH 43614	34-4440256	501(C)(3)	901,900				AQUARIUM PROJECT FOURTH QUARTER 2013 DISTRIBUTION - TOWARDS CLOSE OUT OF FUND DISTRIBUTION TO CLOSE OUT FUND

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO-LUCAS COUNTY SUSTAINABILITY COMMISSION - LUCAS SOIL & WATER CONSERVA 130-A WEST DUDLEY STREET MAUMEE,OH 43537		501(C)(3)	10,000				LUCAS COUNTY SUSTAINABILITY PLAN

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

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UNITED NORTH CORPORATION 3106 LAGRANGE STREET TOLEDO,OH 43608	20-8567856	501(C)(3)	33,856				SUPPORT FOR THE OHIO THEATRE MANAGER SALARY & BENEFITS FITNESS EQUIPMENT FOR SENIOR HOUSING - CRANE'S LANDING APARTMENTS SUPPORT FOR THE OHIO THEATRE RENOVATION PROJECT

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

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UNITED WAY OF DEFIANCE COUNTY 608 CLINTON STREET DEFIANCE,OH 43512	34-1657011	501(C)(3)	30,000				BACK PACK BUDDY PROGRAM

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

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UNITED WAY OF GREATER TOLEDO 424 JACKSON STREET TOLEDO,OH 43604	34-4427947	501(C)(3)	224,798				TO SUPPORT THE UNITED WAY OF OTTAWA COUNTY'S SUMMER 2013 LUNCH PROGRAM FOR CHILDREN BUILDING FUND 2013 CONTRIBUTION GENERAL SUPPORT CAMPAIGN SUPPORT ANNUAL SUPPORT SPECIAL GIFT FOR UNITED WAY, OTTAWA COUNTY EDUCATION INITIATIVES PROJECT OVERFLOW WOOD COUNTY OFFICE - SUPPORT OF THE WEEKEND BACKPACK PROGRAM FOR STUDENTS AT EASTWOOD LOCAL SCHOOLS SUMMER YOUTH EMPLOYMENT PROGRAM ANNUAL DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF NORTHEAST MISSISSIPPI PO BOX 334 TUPELO,MS 38802	64-0392972	501(C)(3)	5,000				GENERAL SUPPORT

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

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UNIVERSITY OF NOTRE DAME NOTRE DAME ANNUAL FUND 1100 GRACE HALL NOTRE DAME,IN 46556	35-0868188	501(C)(3)	10,000				SORIN SOCIETY FROM MOLLY MURTAGH MEYERS SHAKESPEARE AT NOTRE DAME FROM MOLLY MURTAGH MEYERS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSTY OF SANTA MONICA 2107 WILSHIRE BLVD SANTA MONICA,CA 90403	51-0207234	501(C)(3)	10,000				GENERAL SUPPORT

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

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VICTORY CENTER 5532 WEST CENTRAL AVE STE B TOLEDO,OH 43615	34-1767997	501(C)(3)	26,386				FUND DISTRIBUTION ANNUAL DISTRIBUTION

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

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WASHINGTON NATIONAL CATHEDRAL MASSACHUSETTS AND WISCONSIN AVENUES NW WASHINGTON,DC 20016	53-0196604	501(C)(3)	7,500				GENERAL SUPPORT

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

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WESTERN AVENUE MINISTRIES PO BOX 20098 1411 BROADWAY TOLEDO,OH 43609	34-1329306	501(C)(3)	75,000				ONE TIME SUPPORT FOR THE CAPITAL CAMPAIGN TO PURCHASE FORMER VIKING LODGE IN SOUTH TOLEDO

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WILD SALMON CENTER 721 NW NINTH AVENUE SUITE 300 PORTLAND,OR 97209	94-3166095	501(C)(3)	10,000				SPECIAL

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

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WILLIAMS COLLEGE OFFICE OF FINANCIAL AID PO BOX 37 WILLIAMSTOWN,MA 01267	04-2104847	501(C)(3)	23,956				ANNUAL DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WINOUS POINT MARSH CONSERVANCY 3550 SOUTH LATTIMORE RD PORT CLINTON,OH 43452	34-1900372	501(C)(3)	13,000				GENERAL SUPPORT

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

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WOOD COUNTY DISTRICT PUBLIC LIBRARY FOUNDATION 251 NORTH MAIN ST BOWLING GREEN,OH 43402	31-1417745	501(C)(3)	15,910				ANNUAL DISTRIBUTION SUPPORT THE PROGRAMS AND SERVICES OF THE WOOD COUNTY DISTRICT PUBLIC LIBRARY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOOD COUNTY HUMANE SOCIETY 801 VAN CAMP ROAD BOWLING GREEN,OH 43402	34-1119409	501(C)(3)	6,734				ANNUAL DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WORLD WILDLIFE FUND INC 1250 24TH ST NW PO BOX 97180 WASHINGTON,DC 20090	52-1693387	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WYANDOT COUNTY BOARD OF DEVELOPMENT DISABILITIES 11028 COUNTY HIGHWAY 44 UPPER SANDUSKY, OH 43351	34-6401620	501(C)(3)	8,865				ANNUAL DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA AND JCC OF GREATER TOLEDO 1500 NORTH SUPERIOR STREET 2ND FLOOR TOLEDO,OH 43604	34-4428262	501(C)(3)	1,152,077				FOOD AND LEARNING INITIATIVE ANNUAL DISTRIBUTION SPECIAL DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ZENOBIA SHRINERS 8048 BROADSTONE AVE PERRYSBURG,OH 43571	36-2193608	501(C)(3)	7,500				TO SUPPORT THE CHILDREN'S HOSPITALS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ZEPF COMMUNITY MENTAL HEALTH CENTER 6605 W CENTRAL AVENUE TOLEDO,OH 43617	34-1168947	501(C)(3)	34,000				EXPLORING ALLIANCES

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TOLEDO COMMUNITY FOUNDATION INC

Employer identification number
23-7284004

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)KEITH BURWELL	(i)	175,313	12,981	0	0	17,794	206,088	0
PRESIDENT/CEO	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PAYS FOR THE COST OF KEITH BURWELL'S MEMBERSHIP AT THE TOLEDO CLUB IN ORDER TO HAVE A PLACE FOR MEETINGS WITH ADVISORS AND DONORS ANY PERSONAL EXPENSES ARE KEITH'S TO REIMBURSE THE ORGANIZATION, AND ARE IDENTIFIED ON MONTHLY BILLS AND OFFSET ON EXPENSE REIMBURSEMENT FORMS
PART I, LINE 3	THE BOARD CHAIRMAN COORDINATES THE COMPENSATION PROCESS ALL MEMBERS OF THE BOARD GIVE INPUT TO THE CEO'S PERFORMANCE ADDITIONALLY, SALARY SURVEYS FOR THE FIELD AND COMPARISON OF OTHER LOCAL NON-PROFIT ORGANIZATIONS ARE REVIEWED AS PART OF THE PROCESS

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TOLEDO COMMUNITY FOUNDATION INC

Employer identification number
23-7284004

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	28	5,622,531	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TOLEDO COMMUNITY FOUNDATION INC

Employer identification number
23-7284004

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES AN UPDATED CONFLICT OF INTEREST FORM ANNUALLY, THIS FORM IS REVIEWED INTERNALLY
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD CHAIRMAN COORDINATES THE PROCESS ALL MEMBERS OF THE BOARD GIVE INPUT TO THE CEO 'S PERFORMANCE ADDITIONALLY, SALARY SURVEYS FOR THE FIELD COMPARISON OF OTHER LOCAL NON-P ROFIT ORGANIZATIONS ARE REVIEWED AS PART OF THE PROCESS THE CEO DETERMINES COMPENSATION F OR DIRECT REPORTS USING MANY OF THE SAME TOOLS THAT THE BOARD USES FOR THE CEO REVIEW ADD ITIONALLY, DIRECT REPORTS ARE GIVEN RANGES TO USE TO SET COMPENSATION FOR THE PEOPLE THEY SUPERVISE
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XII, LINE 1	MODIFIED CASH
FORM 990, PART XII, LINE 2C	NO CHANGE FROM PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TOLEDO COMMUNITY FOUNDATION INC

Employer identification number
23-7284004

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

		Yes	No
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-7284004
Name: TOLEDO COMMUNITY FOUNDATION INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) TOLEDO COMMUNITY FDN INC KEYBANK DONOR DIRECTED POOLED FD 300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-1243271	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No
(1) TOLEDO COMMUNITY FDN INC SENECA FUND 300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-6853245	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No
(2) TOLEDO COMMUNITY FDN INC ALGONQUIN FUND 300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-6853246	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No
(3) TOLEDO COMMUNITY FDN INC WILLIAM & ELSIE KNIGHT FUND 300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-6853247	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No
(4) THE ANDERSONS FUND SUPPORTING ORGANIZATION 300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-1817757	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	LINE 11A, I	THE TOLEDO COMMUNITY FOUNDATION INC		No
(5) TOLEDO COMMUNITY FDN INC 53 BANK DONOR DIRECTED POOLED FD 300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-6772666	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No
(6) THE STRANAHAN SUPPORTING ORGANIZATION 300 MADISON AVE STE 1300 TOLEDO, OH 43604 31-1572640	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	LINE 11A, I	THE TOLEDO COMMUNITY FOUNDATION INC		No
(7) THE OSWALD SUPPORTING ORGANIZATION 300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-1952405	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	LINE 11A, I	THE TOLEDO COMMUNITY FOUNDATION INC		No
(8) TYNER FAMILY FOUNDATION SUPPORTING ORGANIZATION 300 MADISON AVE STE 1300 TOLEDO, OH 43604 11-3729700	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	LINE 11A, I	THE TOLEDO COMMUNITY FOUNDATION INC		No
(9) THE TOLEDO COMMUNITY FOUNDATION SUPPORTING ORGANIZATION 300 MADISON AVE STE 1300 TOLEDO, OH 43604 11-3729710	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	LINE 11A, I	THE TOLEDO COMMUNITY FOUNDATION INC		No
(10) TOLEDO COMMUNITY FDN INC TCOT HIGH YIELD POOLED INCOME FUND 300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-7065665	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
TYNER FAMILY FOUNDATION SUPPORTING ORGANIZATION	Q	14,218	ADMIN FEE BASED ON FMV SECURITIES
THE TOLEDO COMMUNITY FOUNDATION SUPPORTING ORGANIZATION	C	62,778	PUBLICLY TRADED SECURITIES
THE ANDERSONS FUND SUPPORTING ORGANIZATION	Q	25,278	ADMIN FEE BASED ON FMV SECURITIES
THE OSWALD SUPPORTING ORGANIZATION	Q	23,810	ADMIN FEE BASED ON FMV SECURITIES
THE STRANAHAN SUPPORTING ORGANIZATION	Q	27,929	ADMIN FEE BASED ON FMV SECURITIES
TOLEDO COMMUNITY FOUNDATION INC ALGONQUIN FUND	Q	4,364	ADMIN FEE BASED ON FMV SECURITIES
TOLEDO COMMUNITY FOUNDATION INC SENECA FUND	Q	16,694	ADMIN FEE BASED ON FMV SECURITIES
TOLEDO COMMUNITY FOUNDATION INC WILLIAM & ELSIE KNIGHT FUND	Q	4,752	ADMIN FEE BASED ON FMV SECURITIES
TOLEDO COMMUNITY FDN INC KEYBANK DONOR DIRECTED POOLED FD	Q	18,015	ADMIN FEE BASED ON FMV SECURITIES
TOLEDO COMMUNITY FDN INC 53 BANK DONOR DIRECTED POOLED FD	Q	10,759	ADMIN FEE BASED ON FMV SECURITIES

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Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2013

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
TOLEDO COMMUNITY FOUNDATION INC	FORM 990 PAGE 10	23-7284004

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not include listed property.)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	35,596
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year			12 yrs	S/L	
c	40-year			40 yrs	MM	S/L

Part IV **Summary** (see instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	35,596
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)					
43 Amortization of costs that began before your 2013 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	