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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](http://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
COMMUNITY FOUNDATIONS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)1234 EAST BROAD STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
COLUMBUS, OH 432051405

D Employer identification number

31-1197385

E Telephone number

(614) 251-4000

G Gross receipts \$ 17,186,042

F Name and address of principal officer
RAYMOND J BIDDISCOMBE
1234 EAST BROAD STREET
COLUMBUS, OH 432051405

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: ☐ N/A

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐

L Year of formation 1987

M State of legal domicile OH

Part I	Summary																																												
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities THIS FOUNDATION ASSISTS OTHERS IN IMPROVING THE COMMUNITY FOR THE BENEFIT OF ALL ITS CITIZENS</div>																																												
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																																												
Revenue	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>9</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>9</td></tr><tr><td>5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>5</td><td>0</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>0</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>-27,574</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-27,574</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	9	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0	6 Total number of volunteers (estimate if necessary)	6	0	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-27,574	b Net unrelated business taxable income from Form 990-T, line 34	7b	-27,574																										
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Part II Signature Block

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

Sign Here

Signature of officer

2014-05-14

Date

RAYMOND J BIDDISCOMBE VP

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
TJ CONGER CPA

Preparer's signature

Date
2014-05-14

Check ☐ if self-employed

PTIN
P00068140

Firm's name ☐ JOHN GERLACH & COMPANY

Firm's EIN ☐ 31-4419361

Firm's address ☐ 37 WEST BROAD STREET
COLUMBUS, OH 43215

Phone no (614) 224-2164

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

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

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

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 916,412 including grants of \$ 864,390) (Revenue \$)

SOCIAL SERVICES

4b

(Code) (Expenses \$ 822,479 including grants of \$ 775,789) (Revenue \$)

HEALTH

4c

(Code) (Expenses \$ 625,148 including grants of \$ 589,659) (Revenue \$)

EDUCATION

(Code) (Expenses \$ 557,465 including grants of \$ 525,821) (Revenue \$)

ADVANCING PHILANTHROPY

(Code) (Expenses \$ 601,217 including grants of \$ 567,089) (Revenue \$)

ARTS AND HUMANITIES

(Code) (Expenses \$ 3,180 including grants of \$ 3,000) (Revenue \$)

CONSERVATION

(Code) (Expenses \$ 148,320 including grants of \$ 139,900) (Revenue \$)

RELIGION

(Code) (Expenses \$ 364,317 including grants of \$ 343,636) (Revenue \$)

URBAN AFFAIRS

4d

Other program services (Describe in Schedule O)
















(Expenses \$ 1,674,499 including grants of \$ 1,579,446) (Revenue \$)

4e

Total program service expenses ▶

4,038,538

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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a	No
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 Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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		0		
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	
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		0		
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	
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? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>			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? <i>If "No," provide an explanation in Schedule O.</i>			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	9	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

Part VII

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

Check if Schedule O contains a response 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) MICHAEL J FIORILE CHAIRMAN/TRUSTEE	1 00	X		X				0	0	0
(2) C ROBERT KIDDER VICE CHAIRMAN/TRUSTEE	1 00	X		X				0	0	0
(3) DAVID P BLOM TRUSTEE	1 00	X						0	0	0
(4) JOSEPH A CHLAPATY TRUSTEE	1 00	X						0	0	0
(5) LISA A HINSON TRUSTEE	1 00	X						0	0	0
(6) JERRY JURGENSEN TRUSTEE	1 00	X						0	0	0
(7) BARBARA J SIEMER TRUSTEE	1 00	X						0	0	0
(8) DWIGHT E SMITH TRUSTEE	1 00	X						0	0	0
(9) MATTHEW D WALTER TRUSTEE	1 00	X						0	0	0
(10) DOUGLAS F KRIDLER PRESIDENT & CEO	1 00 50 00			X				0	335,895	110,706
(11) RAYMOND J BIDDISCOMBE CPA SENIOR VICE PRESIDENT & CFO	1 00 50 00			X				0	192,079	38,489
(12) SARA B FISHER VICE PRESIDENT	1 00 50 00			X				0	161,156	37,178
(13) LISA S COURTICE PHD EXECUTIVE VICE PRESIDENT	1 00 50 00			X				0	181,142	33,106

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	870,272	219,479

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

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

Section B. Independent Contractors

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

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

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

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,897,465			
	g	Noncash contributions included in lines 1a-1f \$	114,843			
	h	Total. Add lines 1a-1f	1,897,465			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,521,568			1,521,568
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	27			27
	6a	(i) Real				
	b	(ii) Personal				
	c	Gross rents	6,000			
	d	Less rental expenses	2,642			
	e	Rental income or (loss)	3,358			
	f	Net rental income or (loss)	3,358			3,358
	7a	(i) Securities				
	b	(ii) Other				
	c	Gross amount from sales of assets other than inventory	13,785,014			
	d	Less cost or other basis and sales expenses	11,941,284			
	e	Gain or (loss)	1,843,730			
	f	Net gain or (loss)	1,843,730			1,843,730
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
	b	Less direct expenses				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue	Business Code			
	11a	PASS THROUGH ORD LOSS	900099	-24,032	-27,574	3,542
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	-24,032			
	12	Total revenue. See Instructions	5,242,116	0	-27,574	3,372,225

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.	3,809,284	3,809,284		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.				
10	Payroll taxes.				
11	Fees for services (non-employees):				
a	Management.	312,840	135,397	102,080	75,363
b	Legal.				
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	207,606	89,852	67,742	50,012
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.				
13	Office expenses.				
14	Information technology.				
15	Royalties.				
16	Occupancy.				
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.				
23	Insurance.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	OTHER EXPENSES	9,254	4,005	3,020	2,229
b					
c					
d					
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e.	4,338,984	4,038,538	172,842	127,604
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			4,609,415	2	4,717,785
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			43,412	4	33,726
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			10c	
	b	Less accumulated depreciation	10b				
	11	Investments—publicly traded securities			47,354,871	11	52,677,211
	12	Investments—other securities See Part IV, line 11			2,600,942	12	2,886,275
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			54,608,640	16	60,314,997	
Liabilities	17	Accounts payable and accrued expenses			931	17	932
	18	Grants payable			398,362	18	352,623
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			399,293	26	353,555
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			54,209,347	27	59,961,442
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			54,209,347	33	59,961,442
	34	Total liabilities and net assets/fund balances			54,608,640	34	60,314,997

Part XI Reconciliation 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	5,242,116
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,338,984
3	Revenue less expenses Subtract line 2 from line 1	3	903,132
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54,209,347
5	Net unrealized gains (losses) on investments	5	4,159,862
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	689,101
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	59,961,442

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

SCHEDULE A

(Form 990 or 990EZ)

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 COMMUNITY FOUNDATIONS INC	Employer identification number 31-1197385
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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 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)


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

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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 ")	748,488	19,316,204	1,674,675	2,151,588	1,897,465	25,788,420
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	748,488	19,316,204	1,674,675	2,151,588	1,897,465	25,788,420
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)						1,032,934
6 Public support. Subtract line 5 from line 4						24,755,486

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	748,488	19,316,204	1,674,675	2,151,588	1,897,465	25,788,420
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	969,463	917,531	1,294,808	1,466,316	1,527,595	6,175,713
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						31,964,133
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	77 450 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	75 520 %
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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 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.

Name of the organization COMMUNITY FOUNDATIONS INC	Employer identification number 31-1197385
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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	21	128
2 Aggregate contributions to (during year)	275,110	1,622,355
3 Aggregate grants from (during year)	2,137,461	1,671,823
4 Aggregate value at end of year	21,645,022	38,669,975
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

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

☐ Yes

☐ No
- b

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

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2

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

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI Land, Buildings, and Equipment. 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				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

Schedule D (Form 990) 2013

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	8,937,485
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	4,159,862
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-533,624
e	Add lines 2a through 2d	2e	3,626,238
3	Subtract line 2e from line 1	3	5,311,247
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	-69,131
c	Add lines 4a and 4b	4c	-69,131
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,242,116

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	4,128,589
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	-210,395
e	Add lines 2a through 2d	2e	-210,395
3	Subtract line 2e from line 1	3	4,338,984
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,338,984

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 X, LINE 2	INCOME TAXES - THE FOUNDATION IS RECOGNIZED AS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND THEREFORE, HAS MADE NO PROVISION FOR FEDERAL, STATE, OR LOCAL INCOME TAX IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION HAS ADOPTED THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS BOARD (ASC) RELATING TO UNCERTAIN TAX POSITIONS. MANAGEMENT HAS REVIEWED ITS CURRENT AND PAST INCOME TAX POSITIONS AND HAS DETERMINED, BASED ON CLEAR AND UNAMBIGUOUS TAX LAW AND REGULATIONS, THAT THE TAX POSITIONS TAKEN ARE CERTAIN AND THAT THERE IS NO LIKELIHOOD THAT A MATERIAL TAX ASSESSMENT WOULD BE MADE IF THE RESPECTIVE GOVERNMENT AGENCY EXAMINED TAX RETURNS SUBJECT TO AUDIT. ACCORDINGLY, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED. THE FOUNDATION IS NO LONGER SUBJECT TO FEDERAL, STATE, OR LOCAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2010.
PART XI, LINE 2D - OTHER ADJUSTMENTS	ORGANIZATION ENDOWMENT FUNDS HELD FOR OTHERS -1,153,731 TRANSFERS FROM RELATED FOUNDATIONS 612,216 GRANT REFUNDS 7,891
PART XI, LINE 4B - OTHER ADJUSTMENTS	BOOK/TAX INCOME DIFFERENCE ON PASS THROUGH INCOME -69,131
PART XII, LINE 2D - OTHER ADJUSTMENTS	GRANTS RESCINDED FROM PRIOR YEAR -18,063 TRANSFERS TO RELATED FOUNDATIONS 18,200 ORGANIZATION ENDOWMENT FUNDS HELD FOR OTHERS -210,532

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATIONS INC

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

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
31-1197385

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

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

188

3

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

Part III

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

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

Part IV

Supplemental Information. 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	COMMUNITY FOUNDATIONS INC ONLY MAKES GRANTS TO 501C3 ORGANIZATIONS AND REQUIRES EACH GRANTEE PROVIDE A COPY OF ITS IRS EXEMPTION LETTER IN ADDITION, THE FOUNDATION REQUIRES THAT RECIPIENT ORGANIZATIONS SUBMIT FINAL REPORTS DETAILING THE EXPENDITURE OF DISTRIBUTIONS RECEIVED FOR REVIEW BY STAFF REGARDING COMPLIANCE WITH THE TERMS OF THE COMPETITIVE GRANTS

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTAR INC 1227 SULLIVAN ROAD CHILLICOTHE,OH 456012504	31-1665316	501C3	3,000				SOCIAL SERVICES
ALTRUSA CLUB OF CHILLICOTHE OHIO FOUND 65 EAST SECOND STREET CHILLICOTHE,OH 45601	31-1366831	501C3	10,000				SOCIAL SERVICES
AMERICAN COUNCIL OF THE BLIND OHIO PO BOX 82234 COLUMBUS,OH 43202	31-0989044	501C3	30,000				SOCIAL SERVICES
AMERICAN COUNCIL OF THE BLIND OHIO PO BOX 82234 COLUMBUS,OH 43202	31-0989044	501C3	30,000				SOCIAL SERVICES
AMERICAN RED CROSS CENTRAL - SOUTHEAST 995 EAST BROAD STREET COLUMBUS,OH 432051339	53-0196605	501C3	25,000				HEALTH
AMERICAN RED CROSS CENTRAL - SOUTHEAST 995 EAST BROAD STREET COLUMBUS,OH 432051339	53-0196605	501C3	25,000				HEALTH
AMERICAN RED CROSS FIRST CAPITAL D 181 NORTH BRIDGE STREET CHILLICOTHE,OH 456013107	53-0196605	501C3	4,000				URBAN AFFAIRS
ARTSAROUND 325 WEST MAIN STREET CIRCLEVILLE,OH 43113	71-0932524	501C3	400				ARTS AND HUMANITIES
ASHLAND UNIVERSITY 401 COLLEGE AVENUE ASHLAND,OH 44805	34-0714626	501C3	3,000				EDUCATION
ASHLAND UNIVERSITY 401 COLLEGE AVENUE ASHLAND,OH 44805	34-0714626	501C3	3,000				EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSISTANCE HOUSE 11 WEST 5TH STREET CHILLICOTHE,OH 45601	31-4379621	501C3	20,000				SOCIAL SERVICES
ATHENS COUNTY CHAPTER AMERICAN RED 100 SOUTH MAY AVENUE ATHENS,OH 45701	31-4421459	501C3	10,000				SOCIAL SERVICES
ATHENS FOUNDATION 20 SOUTH COURT STREET PO BOX 366 ATHENS,OH 45701	31-1040215	501C3	7,500				ADVANCING PHILANTHROPY
ATHENS ROTARY FOUNDATION 35 NORTH COLLEGE STREET ATHENS,OH 45701	31-1600581	501C3	2,500				ADVANCING PHILANTHROPY
ATM EDUCATION DBA RELATIONSHIPS UNDER PO BOX 323 SUNBURY,OH 43074	14-1859397	501C3	3,000				EDUCATION
ATM EDUCATION DBA RELATIONSHIPS UNDER PO BOX 323 SUNBURY,OH 43074	14-1859397	501C3	50,000				EDUCATION
ATTRACT TOURISM FOUNDATION INC 325 W MAIN STREET CIRCLEVILLE,OH 43113	75-3214525	501C3	2,000				ARTS AND HUMANITIES
BALDWIN WALLACE COLLEGE 275 EASTLAND ROAD BEREA,OH 44017	34-0714629	501C3	2,000				EDUCATION
BALLET METROPOLITAN INC 322 MOUNT VERNON AVENUE COLUMBUS,OH 43215	31-0858562	501C3	10,000				ARTS AND HUMANITIES
BALLET METROPOLITAN INC 322 MOUNT VERNON AVENUE COLUMBUS,OH 43215	31-0858562	501C3	10,000				ARTS AND HUMANITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERGER HEALTH FOUNDATION 1280 NORTH COURT STREET CIRCLEVILLE, OH 431131499	33-1031454	501C3	698				HEALTH
BERGER HEALTH FOUNDATION 1280 NORTH COURT STREET CIRCLEVILLE, OH 431131499	33-1031454	501C3	1,250				HEALTH
BERGER HEALTH FOUNDATION 1280 NORTH COURT STREET CIRCLEVILLE, OH 431131499	33-1031454	501C3	4,708				HEALTH
BIG BROTHERS BIG SISTERS OF CENTRAL OHIO 1855 EAST DUBLIN-GRANVILLE ROAD FIRST FLOOR COLUMBUS, OH 432293516	31-4379429	501C3	1,000				SOCIAL SERVICES
BIG BROTHERS BIG SISTERS OF CENTRAL OHIO 1855 EAST DUBLIN-GRANVILLE ROAD FIRST FLOOR COLUMBUS, OH 432293516	31-4379429	501C3	1,000				SOCIAL SERVICES
BOWLING GREEN STATE UNIVERSITY 132 ADMINISTRATION BUILDING 1001 EAST WOOSTER STREET - BURSAR OFFICE BOWLING GREEN, OH 434030100	34-6402018	501C3	1,000				EDUCATION
BOWLING GREEN STATE UNIVERSITY 132 ADMINISTRATION BUILDING 1001 EAST WOOSTER STREET - BURSAR OFFICE BOWLING GREEN, OH 434030100	34-6402018	501C3	3,500				EDUCATION
BRIAN MUHA MEMORIAL FOUNDATION 874 HELENHURST COURT WESTERVILLE, OH 43081	34-1920357	501C3	100,000				SOCIAL SERVICES
BRIGHAM YOUNG UNIVERSITY A-41 ASB PROVO, UT 846021128	87-0217280	501C3	4,000				EDUCATION
BRYANT BEANS BUTT INC PO BOX 6351 CHILLICOTHE, OH 45601	31-1739773	501C3	3,000				SOCIAL SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUCKEYE RANCH INC 5665 HOOVER ROAD GROVE CITY,OH 43123	31-0642111	501C3	50,000				SOCIAL SERVICES
BUCKEYE RANCH INC 5665 HOOVER ROAD GROVE CITY,OH 43123	31-0642111	501C3	50,000				SOCIAL SERVICES
BULLDOG BLITZ CORPORATION C/O ATHENS CITY SCHOOLS 473 RICHLAND AVENUE ATHENS,OH 45701	26-2523303	501C3	150,000				URBAN AFFAIRS
CRACK HOUSE MINISTRIES C/O MEADOWBROOK CHRISTIAN FELLOWSHI 6608 DUBLIN CENTER DRIVE DUBLIN,OH 43017	20-4297151	501C3	1,000				RELIGION
CAMBRIDGE SALVATION ARMY 221 DEWEY AVENUE PO BOX 254 CAMBRIDGE,OH 43725	13-5562351	501C3	1,000				EDUCATION
CAMP FIRE USA NORTHWEST OHIO COUNCIL 305 WEST HARDIN STREET FINDLAY,OH 45840	34-4433241	501C3	1,000				SOCIAL SERVICES
CAPITAL UNIVERSITY FINANCIAL AID OFFICE ONE COLLEGE AND MAIN COLUMBUS,OH 43209	31-4379435	501C3	600				EDUCATION
CAPITAL UNIVERSITY FINANCIAL AID OFFICE ONE COLLEGE AND MAIN COLUMBUS,OH 43209	31-4379435	501C3	1,000				EDUCATION
CAPITAL UNIVERSITY FINANCIAL AID OFFICE ONE COLLEGE AND MAIN COLUMBUS,OH 43209	31-4379435	501C3	1,155				EDUCATION
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS,OH 43215	31-1222851	501C3	114				URBAN AFFAIRS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS,OH 43215	31-1222851	501C3	114				URBAN AFFAIRS
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS,OH 43215	31-1222851	501C3	114				URBAN AFFAIRS
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS,OH 43215	31-1222851	501C3	162				URBAN AFFAIRS
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS,OH 43215	31-1222851	501C3	162				URBAN AFFAIRS
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS,OH 43215	31-1222851	501C3	162				URBAN AFFAIRS
CASE WESTERN RESERVE UNIVERSITY 417A YOST HALL 10900 EUCLID AVENUE CLEVELAND,OH 44106	34-1018992	501C3	1,500				EDUCATION
CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET BALTIMORE,MD 21201	13-5563422	501C3	1,500				SOCIAL SERVICES
CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET BALTIMORE,MD 21201	13-5563422	501C3	1,500				SOCIAL SERVICES
CATHOLIC SOCIAL SERVICES 197 EAST GAY STREET 2ND FLOOR COLUMBUS,OH 43215	31-4379437	501C3	25,000				SOCIAL SERVICES
CHRISTIAN COUNSELING CENTER C/O FIRST LUTHERAN CHURCH 300 MELMORE STREET TIFFIN,OH 44883	20-8421520	501C3	675				HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH WORLD SERVICE INC 28606 PHILLIPS STREET PO BOX 968 ELKHART,IN 46515	13-4080201	501C3	500				RELIGION
CHURCH WORLD SERVICE INC 28606 PHILLIPS STREET PO BOX 968 ELKHART,IN 46515	13-4080201	501C3	500				RELIGION
CIRCLEVILLE CITY SCHOOL DISTRICT DISTRICT OFFICE 388 CLARK DRIVE CIRCLEVILLE,OH 43113	31-6400386	501C3	311				EDUCATION
CIRCLEVILLE CITY SCHOOL DISTRICT DISTRICT OFFICE 388 CLARK DRIVE CIRCLEVILLE,OH 43113	31-6400386	501C3	500				EDUCATION
CIRCLEVILLE CITY SCHOOL DISTRICT DISTRICT OFFICE 388 CLARK DRIVE CIRCLEVILLE,OH 43113	31-6400386	501C3	500				EDUCATION
CIRCLEVILLE CITY SCHOOLS FOUNDATION 388 CLARK DRIVE CIRCLEVILLE,OH 43113	26-0513139	501C3	5,000				EDUCATION
CIRCLEVILLE CITY SCHOOLS FOUNDATION 388 CLARK DRIVE CIRCLEVILLE,OH 43113	26-0513139	501C3	5,000				EDUCATION
CIRCLEVILLE YOUTH BASEBALL PROGRAM 675 RIDGEWOOD DRIVE CIRCLEVILLE,OH 43113	31-6063119	501C3	500				URBAN AFFAIRS
CIRCLEVILLE YOUTH BASEBALL PROGRAM 675 RIDGEWOOD DRIVE CIRCLEVILLE,OH 43113	31-6063119	501C3	1,000				URBAN AFFAIRS
CIRCLEVILLE YOUTH FOOTBALL INCORPORATE PO BOX 62 CIRCLEVILLE,OH 43113	20-1640439	501C3	1,000				URBAN AFFAIRS

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CITY OF CIRCLEVILLE CITY HALL 133 SOUTH COURT STREET CIRCLEVILLE, OH 43113	31-6400222	501C3	5,000				URBAN AFFAIRS
COAST GUARD FOUNDATION 394 TAUGWONK ROAD STONINGTON, CT 06378	04-2899862	501C3	100				URBAN AFFAIRS
COLUMBUS MUSEUM OF ART 480 EAST BROAD STREET COLUMBUS, OH 432153886	31-4379447	501C3	500				ARTS AND HUMANITIES
COLUMBUS STATE COMMUNITY COLLEGE PO BOX 1609 COLUMBUS, OH 43216	31-0729591	501C3	4,000				EDUCATION
COLUMBUS STATE COMMUNITY COLLEGE PO BOX 1609 COLUMBUS, OH 43216	31-0729591	501C3	15,250				EDUCATION
COMMUNITY ACTION COMMISSION OF BELMONT 153 1/2 WEST MAIN STREET ST CLAIRSVILLE, OH 43950	34-0967230	501C3	110,000				URBAN AFFAIRS
COMMUNITY RECREATIONAL COUNCIL OF PO BOX 2017 CHILLICOTHE, OH 45601	31-4386181	501C3	26,500				URBAN AFFAIRS
COMMUNITY SHELTER BOARD 111 LIBERTY STREET SUITE 150 COLUMBUS, OH 43215	31-1181284	501C3	500				SOCIAL SERVICES
CONCORD PRESBYTERIAN CHURCH C/O 45239 HART ROAD BELMONT, OH 43718	34-1033585	501C3	1,200				RELIGION
CORPUS CHRISTI CATHOLIC CHURCH 1516 WARWOOD AVENUE WHEELING, WV 260037197	55-0363849	501C3	1,200				RELIGION

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DEFY VENTURES 5 PENN PLAZA 19TH FLOOR NEW YORK,NY 10001	27-3611908	501C3	5,000				EDUCATION
DICKENS VICTORIAN VILLAGE OF CAMBRIDGE PO BOX 92 CAMBRIDGE,OH 43725	90-0533069	501C3	2,000				ARTS AND HUMANITIES
DOMINICAN SISTERS OF PEACE 2320 AIRPORT DRIVE COLUMBUS,OH 432192098	26-3550703	501C3	50,000				RELIGION
DUBLIN BAPTIST CHURCH 7195 COFFMAN ROAD DUBLIN,OH 43016	31-1005407	501C3	5,000				RELIGION
EARLY CARE AND LEARNING INC 96 KINGSMEADOW LANE BLACKLICK,OH 43004	26-0768278	501C3	2,599				SOCIAL SERVICES
EASTER SEALS CENTRAL AND SOUTHEAST 3830 TRUEMAN COURT HILLIARD,OH 43026	31-4379471	501C3	5,000				SOCIAL SERVICES
EASTER SEALS CENTRAL AND SOUTHEAST 3830 TRUEMAN COURT HILLIARD,OH 43026	31-4379471	501C3	10,140				SOCIAL SERVICES
EMERGENCY CLEARINGHOUSE ASSOCIATION PO BOX 1011 CIRCLEVILLE,OH 43113	31-1329300	501C3	1,250				SOCIAL SERVICES
FELLOWSHIP OF CATHOLIC UNIVERSITY PO BOX 18710 GOLDEN,CO 80402	84-1522811	501C3	3,000				RELIGION
FINANCIAL ASSISTANCE FOR CANCER PO BOX 624 TIFFIN,OH 44883	34-1658459	501C3	1,000				HEALTH

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FINDLAY ROTARY FOUNDATION INC 101 W SANDUSKY STREET FINDLAY,OH 45840	34-1403393	501C3	50				URBAN AFFAIRS
FIRST COMMUNITY FOUNDATION INC 1320 CAMBRIDGE BOULEVARD COLUMBUS,OH 43212	31-6027662	501C3	1,000				SOCIAL SERVICES
FIRST COMMUNITY FOUNDATION INC 1320 CAMBRIDGE BOULEVARD COLUMBUS,OH 43212	31-6027662	501C3	1,000				SOCIAL SERVICES
FIRST PRESBYTERIAN CHURCH OF CHILLICOTHE 13 MEAD DRIVE CHILLICOTHE,OH 45601	23-6393377	501C3	1,000				SOCIAL SERVICES
FISH OF TIFFIN 131 EAST PERRY STREET TIFFIN,OH 44883	34-1440944	501C3	500				SOCIAL SERVICES
FLORIDA SOUTHERN COLLEGE BUSINESS OFFICE 111 LAKE HOLLINGSWO TH DRIVE LAKELAND,FL 33801	59-0624401	501C3	1,500				EDUCATION
FOOD FOR THE POOR INC 6401 LYONS ROAD COCONUT CREEK,FL 33073	59-2174510	501C3	1,500				SOCIAL SERVICES
FOOD FOR THE POOR INC 6401 LYONS ROAD COCONUT CREEK,FL 33073	59-2174510	501C3	1,500				SOCIAL SERVICES
FRANKLIN PARK CONSERVATORY JOINT REC 1777 EAST BROAD STREET COLUMBUS,OH 432032040	31-1364884	501C3	1,000				CONSERVATION
FRANKLIN PARK CONSERVATORY JOINT REC 1777 EAST BROAD STREET COLUMBUS,OH 432032040	31-1364884	501C3	1,500				CONSERVATION

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GATHERING USA INC 3520 SNOUFFER DRIVE SUITE 200 COLUMBUS, OH 43235	59-2810392	501C3	25,000				RELIGION
GEORGETOWN UNIVERSITY G-19 HEALY HALL BOX 571252 37TH AND O STREET NORTHWEST WASHINGTON, DC 20057	53-0196603	501C3	1,000				EDUCATION
GIRL SCOUTS OF OHIOS HEARTLAND COUNCIL 1700 WATERMARK DRIVE COLUMBUS, OH 432151097	31-4379475	501C3	1,047				SOCIAL SERVICES
GIRL SCOUTS OF OHIOS HEARTLAND COUNCIL 1700 WATERMARK DRIVE COLUMBUS, OH 432151097	31-4379475	501C3	4,057				SOCIAL SERVICES
GODS COMMUNITY FOOD PANTRY 17892 STATE ROUTE 327 LAURELVILLE, OH 43135	06-1830892	501C3	3,600				SOCIAL SERVICES
GRADY MEMORIAL HOSPITAL 561 WEST CENTRAL AVENUE DELAWARE, OH 43015	31-1763100	501C3	19,524				HEALTH
HAVEN OF HOPE 927 WHEELING AVENUE SUITE 102 CAMBRIDGE, OH 43725	31-1168245	501C3	867				SOCIAL SERVICES
HEALING WATERS INTERNATIONAL INC 15000 W 6TH AVENUE SUITE 404 GOLDEN, CO 80401	46-0472149	501C3	50,000				SOCIAL SERVICES
HEARTBEAT INTERNATIONAL 665 E DUBLIN-GRANVILLE ROAD SUITE 440 COLUMBUS, OH 43229	23-7335592	501C3	250,000				HEALTH
HEIDELBERG UNIVERSITY 310 EAST MARKET STREET TIFFIN, OH 44883	34-4428219	501C3	1,000				EDUCATION

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HEIDELBERG UNIVERSITY 310 EAST MARKET STREET TIFFIN,OH 44883	34-4428219	501C3	4,000				EDUCATION
HOCKING ATHENS PERRY COMMUNITY ACTION 3 CARDARAS DRIVE PO BOX 220 GLOUSTER,OH 45732	31-0718322	501C3	15,000				SOCIAL SERVICES
HOCKING COLLEGE 3301 HOCKING PARKWAY NELSONVILLE,OH 45764	31-0794924	501C3	600				EDUCATION
HOCKING COLLEGE 3301 HOCKING PARKWAY NELSONVILLE,OH 45764	31-0794924	501C3	1,000				EDUCATION
HOCKING COLLEGE 3301 HOCKING PARKWAY NELSONVILLE,OH 45764	31-0794924	501C3	1,000				EDUCATION
HOPE COLLEGE BUSINESS SERVICES 100 EAST 8TH STREET SUITE 280 HOLLAND,MI 49423	38-1381271	501C3	600				EDUCATION
JACKSON COUNTY BOARD ON AGING INC 25 EAST MOUND STREET JACKSON,OH 45640	31-0831594	501C3	10,000				HEALTH
JACKSON COUNTY HEALTH DEPARTMENT BJ ALLISON HEALTH CENTER 200 EAST MAIN STREET JACKSON,OH 456401716	31-6400071	501C3	4,000				HEALTH
JACKSON HISTORICAL SOCIETY PO BOX 475 JACKSON,OH 45640	31-1794816	501C3	1,000				ARTS AND HUMANITIES
JACKSON-VINTON COMMUNITY ACTION INC 118 SOUTH NEW YORK AVENUE WELLSTON,OH 45692	31-0716914	501C3	7,800				HEALTH

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JDRF INTERNATIONAL MID-OHIO CHAPTER 1550 OLD HENDERSON ROAD SUITE N-160 COLUMBUS,OH 43220	23-1907729	501C3	5,000				HEALTH
JUNIOR ACHIEVEMENT OF CENTRAL OHIO INC 68 EAST SECOND AVENUE COLUMBUS,OH 43201	31-4385042	501C3	50,000				EDUCATION
JUNIOR ACHIEVEMENT OF CENTRAL OHIO INC 68 EAST SECOND AVENUE COLUMBUS,OH 43201	31-4385042	501C3	50,000				EDUCATION
JUNIOR ACHIEVEMENT OF NORTHWESTERN 2239 CHEYENNE BLVD TOLEDO,OH 43614	34-4430363	501C3	1,000				EDUCATION
JUVENILE DIABETES RESEARCH SOUTHWEST OH 70 BIRCH VALLEY SUITE 240 BEAVERCREEK,OH 45440	23-1907729	501C3	5,000				HEALTH
KENT STATE UNIVERSITY 131 MICHAEL SCHWARTZ CNTR - BURSAR OFC PO BOX 5190 KENT,OH 44242	31-6402079	501C3	2,000				EDUCATION
KENT STATE UNIVERSITY 131 MICHAEL SCHWARTZ CNTR - BURSAR OFC PO BOX 5190 KENT,OH 44242	31-6402079	501C3	3,000				EDUCATION
KENT STATE UNIVERSITY 131 MICHAEL SCHWARTZ CNTR - BURSAR OFC PO BOX 5190 KENT,OH 44242	31-6402079	501C3	8,000				EDUCATION
KENTUCKY CHRISTIAN COLLEGE BUSINESS OFFICE - STUDENT ACCOUNTS 100 ACADEMIC PARKWAY GRAYSON,KY 41143	61-0510937	501C3	501				EDUCATION
KENYON COLLEGE EDELSTEIN HOUSE 105 COLLEGE PARK STREET GAMBIER,OH 43022	31-4379507	501C3	1,500				EDUCATION

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LAUNCH INC 231 EAST MAIN STREET JACKSON,OH 45640	20-2817712	501C3	4,000				ADVANCING PHILANTHROPY
LEAGUE OF WOMEN VOTERS OF OHIO EDUCATION 17 SOUTH HIGH STREET SUITE 650 COLUMBUS,OH 43215	31-1050638	501C3	885				URBAN AFFAIRS
LEAGUE OF WOMEN VOTERS OF OHIO EDUCATION 17 SOUTH HIGH STREET SUITE 650 COLUMBUS,OH 43215	31-1050638	501C3	1,271				URBAN AFFAIRS
LIBERTY UNIVERSITY 1971 UNIVERSITY BOULEVARD LYNCHBURG,VA 24502	54-0946734	501C3	600				EDUCATION
LIVING WORD OUTDOOR DRAMA INC PO BOX 1481 CAMBRIDGE,OH 43725	31-0920967	501C3	1,000				ARTS AND HUMANITIES
LOGAN ELM EDUCATION FOUNDATION 9579 TARLTON ROAD CIRCLEVILLE,OH 43113	27-0619403	501C3	400				EDUCATION
LOWER LIGHTS CHRISTIAN HEALTH CENTER 1160 WEST BROAD STREET COLUMBUS,OH 43222	31-1810355	501C3	100,000				HEALTH
LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 500 WEST WILSON BRIDGE ROAD SUITE 245 WORTHINGTON,OH 43085	31-4412586	501C3	1,000				SOCIAL SERVICES
MALONE UNIVERSITY FINANCIAL AID OFFICE 2600 CLEVELAND AVENUE NW CANTON,OH 44709	34-0737794	501C3	200				EDUCATION
MARIETTA COLLEGE 215 5TH STREET MARIETTA,OH 45750	31-4379584	501C3	10,000				EDUCATION

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MARSHALL UNIVERSITY STUDENT FINANCIAL ASSISTANCE OLD MAIN 116 ONE JOHN MARSHALL DRIVE HUNTINGTON,WV 25755	55-6000789	501C3	500				EDUCATION
MASSACHUSETTS INSTITUTE OF TECHNOLOGY STUDENT FINANCIAL SERVICES ROOM 11-120 77 MASSACHUSETTS AVENUE CAMBRIDGE,MA 02139	04-2103594	501C3	12,000				EDUCATION
MEDICINE FOR MALI 4605 80TH PLACE URBANDALE,IA 50322	42-1510787	501C3	500				HEALTH
MENNONITE FOUNDATION INC PO BOX 483 GOSHEN,IN 46527	35-6031936	501C3	20,000				RELIGION
MIAMI UNIVERSITY BURSARS OFFICE 301 S CAMPUS AVENUE ROOM 107 OXFORD,OH 450563439	31-6402089	501C3	300				EDUCATION
MIAMI UNIVERSITY BURSARS OFFICE 301 S CAMPUS AVENUE ROOM 107 OXFORD,OH 450563439	31-6402089	501C3	1,000				EDUCATION
MIAMI UNIVERSITY BURSARS OFFICE 301 S CAMPUS AVENUE ROOM 107 OXFORD,OH 450563439	31-6402089	501C3	2,000				EDUCATION
MID OHIO FOODBANK 3960 BROOKHAM DRIVE GROVE CITY,OH 43123	31-0865343	501C3	100				SOCIAL SERVICES
MID OHIO FOODBANK 3960 BROOKHAM DRIVE GROVE CITY,OH 43123	31-0865343	501C3	500				SOCIAL SERVICES
MID OHIO FOODBANK 3960 BROOKHAM DRIVE GROVE CITY,OH 43123	31-0865343	501C3	500				SOCIAL SERVICES

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MIDWEST CENTER FOR HOME HOSPICE AND 855 SOUTH WALL STREET COLUMBUS,OH 43206	31-0966673	501C3	5,030				HEALTH
MIDWEST CENTER FOR HOME HOSPICE AND 2233 NORTH BANK DRIVE COLUMBUS,OH 43220	31-0966673	501C3	6,204				HEALTH
MISSION OF OUR LADY OF MERCY DBA MERCY 1140 WEST JACKSON BOULEVARD CHICAGO,IL 60607	36-2171726	501C3	10,000				SOCIAL SERVICES
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS,MO 63110	43-0666759	501C3	500				CONSERVATION
MOREHEAD STATE UNIVERSITY ENROLLMENT SERVICES 100 ADMISSIONS CENTER MOREHEAD,KY 40351	61-1014029	501C3	500				EDUCATION
MORTAR BOARD NATIONAL FOUNDATION 1200 CHAMBERS ROAD SUITE 201 COLUMBUS,OH 43212	35-6043585	501C3	1,000				EDUCATION
MOTION PICTURE AND TELEVISION FUND THE WASSERMAN CAMPUS 23388 MULHOLLAND DRIVE WOODLAND HILLS,CA 91364	95-1652916	501C3	100				ARTS AND HUMANITIES
MOUNT CARMEL HEALTH SYSTEM FDN 6150 EAST BROAD STREET COLUMBUS,OH 43213	31-1113966	501C3	1,200				HEALTH
MOUNT VERNON NAZARENE UNIVERSITY FINANCIAL AID OFFICE 800 MARTINSBUR ROAD MOUNT VERNON,OH 43050	31-0725957	501C3	15,250				EDUCATION
MOUNT VERNON NAZARENE UNIVERSITY FINANCIAL AID OFFICE 800 MARTINSBUR ROAD MOUNT VERNON,OH 43050	31-0725957	501C3	15,250				EDUCATION

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NORTH CENTRAL OHIO EDUCATIONAL SERVICE 65 SAINT FRANCIS AVENUE TIFFIN,OH 44883	34-1830013	501C3	2,000				SOCIAL SERVICES
NORTHERN KENTUCKY UNIVERSITY BURSAR AC 235 NUNN DRIVE HIGHLAND HEIGHTS,KY 41099	61-1010545	501C3	1,000				EDUCATION
NORTHWEST UNITED METHODIST CHURCH 5200 RIVERSIDE DRIVE COLUMBUS,OH 43220	31-0824072	501C3	1,300				RELIGION
NORTHWEST UNITED METHODIST CHURCH 5200 RIVERSIDE DRIVE COLUMBUS,OH 43220	31-0824072	501C3	1,300				RELIGION
NOTRE DAME COLLEGE OF OHIO OFFICE OF STUDENT FINANCIAL ASSISTANCE 4545 COLLEGE ROAD SOUTH EUCLID,OH 441214293	34-0714689	501C3	1,500				EDUCATION
OAKLAND CITY UNIVERSITY 138 NORTH LUCRETIN STREET OAKLAND CITY,IN 47660	35-0869063	501C3	4,000				EDUCATION
OHIO CHRISTIAN UNIVERSITY 1476 LANCASTER PIKE CIRCLEVILLE,OH 43113	31-0971599	501C3	500				EDUCATION
OHIO CHRISTIAN UNIVERSITY 1476 LANCASTER PIKE CIRCLEVILLE,OH 43113	31-0971599	501C3	2,500				EDUCATION
OHIO CHRISTIAN UNIVERSITY 1476 LANCASTER PIKE CIRCLEVILLE,OH 43113	31-0971599	501C3	6,000				EDUCATION
OHIO DOMINICAN UNIVERSITY BUSINESS OFFICE 1216 SUNBURY ROAD COLUMBUS,OH 43219	31-4379560	501C3	1,500				EDUCATION

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OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	300				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	300				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	600				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	1,000				EDUCATION

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OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	1,500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	1,500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	2,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	2,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	2,000				EDUCATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	3,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	4,300				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	12,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	12,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	12,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	12,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI STUDENT ACADEMIC SERVICES BUILDING 2 FL 281 WEST LANE AVENUE COLUMBUS,OH 43210	31-1145986	501C3	12,000				EDUCATION
OHIO STATE UNIVERSITY FOUNDATION CORPORATE AND FOUNDATION RELATIONS 1480 WEST LANE AVENUE COLUMBUS,OH 432213928	31-1145986	501C3	4,400				EDUCATION
OHIO STATE UNIVERSITY NEWARK 1179 UNIVERSITY DRIVE NEWARK,OH 43055	31-0802020	501C3	3,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	300				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	300				EDUCATION

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OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	300				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	500				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	500				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	500				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	600				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	600				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	600				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	1,000				EDUCATION

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OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	1,632				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	2,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402113	501C3	2,000				EDUCATION
OHIO WESLEYAN UNIVERSITY 61 SOUTH SANDUSKY STREET DELAWARE,OH 43015	31-4379585	501C3	5,000				EDUCATION
OHIO WEST VIRGINIA YMCA INC PO BOX 239 400 MAIN STREET 2ND FLOOR POINT PLEASANT,WV 25550	55-0631259	501C3	893				SOCIAL SERVICES
OHIO WEST VIRGINIA YMCA INC PO BOX 239 400 MAIN STREET 2ND FLOOR POINT PLEASANT,WV 25550	55-0631259	501C3	1,263				SOCIAL SERVICES

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OPEN SHELTER INC 61 EAST MOUND STREET COLUMBUS, OH 43215	31-1022698	501C3	500				SOCIAL SERVICES
OSU EXTENSION PICKAWAY COUNTY PO BOX 9110 ISLAND ROAD SUITE B CIRCLEVILLE, OH 431130009	31-1145986	501C3	1,000				URBAN AFFAIRS
OSU EXTENSION ROSS COUNTY 475 WESTERN AVENUE SUITE F CHILLICOTHE, OH 45601	31-1145986	501C3	1,000				EDUCATION
OTTERBEIN UNIVERSITY 1 SOUTH GROVE STREET WESTERVILLE, OH 43081	31-4379532	501C3	1,000				EDUCATION
OTTERBEIN UNIVERSITY 1 SOUTH GROVE STREET WESTERVILLE, OH 43081	31-4379532	501C3	2,000				EDUCATION
PURR FECT COMPANIONS CAT ADOPTION CEN 80 NORTH MULBERRY STREET CHILLICOTHE, OH 45601	30-0565697	501C3	1,500				SOCIAL SERVICES
PALATINES TO AMERICA PO BOX 141260 COLUMBUS, OH 43214	23-2253655	501C3	555				ARTS AND HUMANITIES
PALATINES TO AMERICA PO BOX 141260 COLUMBUS, OH 43214	23-2253655	501C3	747				ARTS AND HUMANITIES
PALATINES TO AMERICA PO BOX 141260 COLUMBUS, OH 43214	23-2253655	501C3	5,000				ARTS AND HUMANITIES
PICKAWAY COUNTY COMMUNITY ACTION 469 EAST OHIO STREET PO BOX 67 CIRCLEVILLE, OH 43113	31-0722252	501C3	1,250				SOCIAL SERVICES

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PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	2				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	2				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	2				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	2				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	5				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	6				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	7				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	8				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	9				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	9				ADVANCING PHILANTHROPY

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	15				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	15				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	15				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	15				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	15				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	15				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	16				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	16				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	16				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	16				ADVANCING PHILANTHROPY

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	16				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	17				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	17				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	18				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	23				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	23				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	25				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	25				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	25				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	25				ADVANCING PHILANTHROPY

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	25				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	25				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	27				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	29				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	30				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	31				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	31				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	33				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	33				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	33				ADVANCING PHILANTHROPY

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PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	35				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	35				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	36				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	36				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	37				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	38				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	38				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	38				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	38				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	38				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	39				ADVANCING PHILANTHROPY

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PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	39				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	46				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	46				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	47				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	47				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	47				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	47				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	47				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	47				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	49				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	50				ADVANCING PHILANTHROPY

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PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	51				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	58				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	58				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	59				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	60				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	61				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	64				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	64				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	67				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	68				ADVANCING PHILANTHROPY

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	71				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	71				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	71				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	73				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	93				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	97				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	100				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	101				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	102				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	107				ADVANCING PHILANTHROPY

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PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	109				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	110				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	111				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	159				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	178				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	180				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	184				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	200				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	437				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	500				ADVANCING PHILANTHROPY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	500				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	500				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	504				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	900				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	1,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	1,425				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	2,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	2,200				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	3,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	3,879				ADVANCING PHILANTHROPY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	4,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	4,290				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	5,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	5,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	5,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	5,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	6,316				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	7,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	7,329				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	9,375				ADVANCING PHILANTHROPY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	12,911				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	25,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE,OH 43113	31-1777036	501C3	54,715				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COUNCIL ON YOUTH LEAD C/O LISA HEDRICK 23610 RICTER COURT CIRCLEVILLE,OH 43113	20-4958209	501C3	200				SOCIAL SERVICES
PICKAWAY COUNTY DISTRICT PUBLIC LIBRARY 1160 NORTH COURT STREET CIRCLEVILLE,OH 43113	31-6401655	501C3	298				EDUCATION
PICKAWAY COUNTY DISTRICT PUBLIC LIBRARY 1160 NORTH COURT STREET CIRCLEVILLE,OH 43113	31-6401655	501C3	298				EDUCATION
PICKAWAY COUNTY HISTORICAL SOCIETY PO BOX 85 CIRCLEVILLE,OH 43113	31-1596155	501C3	454				ARTS AND HUMANITIES
PICKAWAY COUNTY HISTORICAL SOCIETY PO BOX 85 CIRCLEVILLE,OH 43113	31-1596155	501C3	543				ARTS AND HUMANITIES
PICKAWAY COUNTY HISTORICAL SOCIETY PO BOX 85 CIRCLEVILLE,OH 43113	31-1596155	501C3	789				ARTS AND HUMANITIES
PICKAWAY COUNTY SHERIFF'S OFFICE 600 ISLAND ROAD PO BOX 300 CIRCLEVILLE,OH 43113	23-4567890	501C3	4,000				URBAN AFFAIRS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY SHERIFF'S OFFICE 600 ISLAND ROAD PO BOX 300 CIRCLEVILLE,OH 43113	23-4567890	501C3	8,000				URBAN AFFAIRS
PICKAWAY HELPS 2050 STONERIDGE DRIVE CIRCLEVILLE,OH 43113	26-2568150	501C3	500				SOCIAL SERVICES
PICKAWAY ROSS COUNTY JOINT VOCATIONAL 895 CROUSE CHAPEL ROAD CHILLICOTHE,OH 45601	31-0817518	501C3	7,000				EDUCATION
PREGNANCY DECISION HEALTH CENTERS 665 E DUBLIN-GRANVILLE ROAD SUITE 120 COLUMBUS,OH 43229	31-1002913	501C3	50,000				HEALTH
PREGNANCY DECISION HEALTH CENTERS 665 E DUBLIN-GRANVILLE ROAD SUITE 120 COLUMBUS,OH 43229	31-1002913	501C3	250,000				HEALTH
RONALD MCDONALD HOUSE CHARITIES OF CENTR 711 E LIVINGSTON AVENUE COLUMBUS,OH 43205	31-0890152	501C3	25,000				SOCIAL SERVICES
ROSS COUNTY CHRISTIAN ACADEMY 2215 EGYPT PIKE CHILLICOTHE,OH 45601	20-5616782	501C3	9,000				EDUCATION
ROSS COUNTY COALITION AGAINST DOMESTIC 43 NORTH PAINT STREET PO BOX 1727 CHILLICOTHE,OH 45601	31-1044779	501C3	5,000				SOCIAL SERVICES
ROSS COUNTY GENEALOGICAL SOCIETY 444 DOUGLAS AVENUE PO BOX 6352 CHILLICOTHE,OH 45601	23-7426658	501C3	1,800				SOCIAL SERVICES
ROSS COUNTY JOB AND FAMILY SERVICES 475 WESTERN AVENUE SUITE B PO BOX 469 CHILLICOTHE,OH 45601	31-6400085	501C3	2,000				SOCIAL SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT JOSEPH CENTRAL CATHOLIC HIGH SCHOO 702 CROGHAN STREET FREMONT,OH 43420	34-0905004	501C3	2,500				EDUCATION
SAINT JOSEPH CENTRAL CATHOLIC HIGH SCHOO 702 CROGHAN STREET FREMONT,OH 43420	34-0905004	501C3	2,500				EDUCATION
SAINT PAULS OUTREACH 161 EAST PATTERSON AVENUE COLUMBUS,OH 43202	41-1621192	501C3	12,000				RELIGION
SAINT PAULS UNITED METHODIST CHURCH 46 MADISON STREET PO BOX 817 TIFFIN,OH 448830817	34-6401272	501C3	1,000				SOCIAL SERVICES
SAINT VINCENT FAMILY CENTERS 1490 EAST MAIN STREET COLUMBUS,OH 43205	31-4379572	501C3	250,000				SOCIAL SERVICES
SAINTS PETER AND PAUL SCHOOL 229 SOUTH NEWYORK AVENUE WELLSTON,OH 45692	31-5379566	501C3	4,000				EDUCATION
SALVATION ARMY 966 EAST MAIN STREET COLUMBUS,OH 43205	13-5562351	501C3	500				SOCIAL SERVICES
SALVATION ARMY 966 EAST MAIN STREET COLUMBUS,OH 43205	13-5562351	501C3	25,000				SOCIAL SERVICES
SALVATION ARMY CORPS OF TIFFIN OHIO 45 SOUTH MONROE STREET PO BOX 341 TIFFIN,OH 44883	13-5562351	501C3	4,000				SOCIAL SERVICES
SANDUSKY COUNTY COMMUNITIES FOUNDATI C/O THE CROGHAN COLONIAL BANK 323 CROGHAN STREET FREMONT,OH 43420	20-8314921	501C3	8,584				ADVANCING PHILANTHROPY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANDUSKY COUNTY COMMUNITIES FOUNDATI C/O THE CROGHAN COLONIAL BANK 323 CROGHAN STREET FREMONT,OH 43420	20-8314921	501C3	17,000				ADVANCING PHILANTHROPY
SANDUSKY COUNTY COMMUNITIES FOUNDATI C/O THE CROGHAN COLONIAL BANK 323 CROGHAN STREET FREMONT,OH 43420	20-8314921	501C3	304,177				ADVANCING PHILANTHROPY
SCIOTO SOCIETY INC 216 FRESHOUR ROAD PO BOX 73 CHILLICOTHE,OH 45601	31-0791031	501C3	30,000				ARTS AND HUMANITIES
SEEDS OF HOPE 322 CHURCH STREET CHILLICOTHE,OH 45601	26-4247259	501C3	5,000				SOCIAL SERVICES
SENECA COUNTY AGENCY TRANSPORTATION 3140 SOUTH ST RT 100 SUITE F PO BOX 922 TIFFIN,OH 44883	34-1762284	501C3	1,500				SOCIAL SERVICES
SERENITY STREET FOUNDATION INC PO BOX 6333 COLUMBUS,OH 43206	31-1453108	501C3	10,000				SOCIAL SERVICES
SHAWNEE STATE UNIVERSITY OFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	500				EDUCATION
SHAWNEE STATE UNIVERSITY OFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	500				EDUCATION
SHAWNEE STATE UNIVERSITY OFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	500				EDUCATION
SHAWNEE STATE UNIVERSITY OFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	500				EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAWNEE STATE UNIVERSITY OFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	500				EDUCATION
SHAWNEE STATE UNIVERSITY OFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	500				EDUCATION
SHAWNEE STATE UNIVERSITY OFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	1,000				EDUCATION
SHAWNEE STATE UNIVERSITY OFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	1,000				EDUCATION
SHAWNEE STATE UNIVERSITY OFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH,OH 456624344	31-0864917	501C3	3,000				EDUCATION
SISTERS OF ST FRANCIS CONVENT 200 ST FRANCIS AVENUE TIFFIN,OH 44883	34-4428986	501C3	700				SOCIAL SERVICES
STERLING PUBLIC SCHOOLS 400 SOUTH TIGER STREET STERLING,OK 73567	73-0786404	501C3	45,000				EDUCATION
STERLING PUBLIC SCHOOLS PO BOX 158 STERLING,OK 73567	73-0786404	501C3	45,000				EDUCATION
STOWE BAPTIST CENTER PO BOX 6341 COLUMBUS,OH 43206	31-1092151	501C3	5,000				RELIGION
STUART'S OPERA HOUSE PO BOX 217 NELSONVILLE,OH 45764	31-0913307	501C3	500,000				ARTS AND HUMANITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEAYS VALLEY CIVIC ASSOCIATION 35 PARK STREET ASHVILLE,OH 43103	31-1374718	501C3	2,000				ARTS AND HUMANITIES
TEMPLE BETH ELOHIM 10 BETHEL ROAD WELLESLEY,MA 024813595	04-6130463	501C3	10,000				RELIGION
THE WESTFALL EDUCATION FOUNDATION 19463 PHERSON PIKE WILLIAMSPORT,OH 43164	20-4951223	501C3	316				EDUCATION
THE WESTFALL EDUCATION FOUNDATION 19463 PHERSON PIKE WILLIAMSPORT,OH 43164	20-4951223	501C3	500				EDUCATION
THE WESTFALL EDUCATION FOUNDATION 19463 PHERSON PIKE WILLIAMSPORT,OH 43164	20-4951223	501C3	500				EDUCATION
TIFFIN COMMUNITY YMCA RECREATION CENTER 180 SUMMIT STREET TIFFIN,OH 44883	34-4479386	501C3	2,500				SOCIAL SERVICES
TIFFIN SENECA PUBLIC LIBRARY 77 JEFFERSON STREET TIFFIN,OH 44883	34-6401401	501C3	525				SOCIAL SERVICES
TIFFIN SENECA TEEN CENTER PO BOX 1063 TIFFIN,OH 448831063	34-1725281	501C3	1,500				SOCIAL SERVICES
TIFFIN UNIVERSITY 155 MIAMI STREET TIFFIN,OH 44883	34-4427516	501C3	4,000				EDUCATION
TRINE UNIVERSITY FORMAN HALL ONE UNIVERSITY AVENUE ANGOLA,IN 46703	35-0715530	501C3	1,500				EDUCATION

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TUCSON MEDICAL CENTER FOUNDATION 5301 EAST GRANT ROAD TUCSON,AZ 85712	86-0504015	501C3	100				HEALTH
TUCSON MEDICAL CENTER FOUNDATION 5301 EAST GRANT ROAD TUCSON,AZ 85712	86-0504015	501C3	100				HEALTH
UNITED STATES NAVAL ACADEMY FOUNDATIO BRIGADE SERVICES DIVISION 101 WILSON ROAD ANNAPOLIS,MD 21402	23-7003516	501C3	1,000				EDUCATION
UNITED WAY TIFFIN SENECA 201 SOUTH WASHINGTON STREET PO BOX 368 TIFFIN,OH 44883	34-6401399	501C3	500				SOCIAL SERVICES
UNITED WAY TIFFIN SENECA 201 SOUTH WASHINGTON STREET PO BOX 368 TIFFIN,OH 44883	34-6401399	501C3	600				SOCIAL SERVICES
UNITED WAY TIFFIN SENECA 201 SOUTH WASHINGTON STREET PO BOX 368 TIFFIN,OH 44883	34-6401399	501C3	3,000				SOCIAL SERVICES
UNITED WAY TIFFIN SENECA 201 SOUTH WASHINGTON STREET PO BOX 368 TIFFIN,OH 44883	34-6401399	501C3	15,000				SOCIAL SERVICES
UNIVERSITY OF AKRON 302 BUCHTEL COMMON AKRON,OH 44325	34-6002924	501C3	1,500				EDUCATION
UNIVERSITY OF AKRON 302 BUCHTEL COMMON AKRON,OH 44325	34-6002924	501C3	3,000				EDUCATION
UNIVERSITY OF CHICAGO OFFICE OF THE BURSAR 970 EAST 58TH STREET THIRD FLOOR CHICAGO,IL 60637	36-2177139	501C3	5,000				EDUCATION

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UNIVERSITY OF FINDLAY ATTN FINANCIAL AID 1000 NORTH MAIN STREET FINDLAY,OH 45840	34-4431169	501C3	1,000				EDUCATION
UNIVERSITY OF FINDLAY ATTN FINANCIAL AID 1000 NORTH MAIN STREET FINDLAY,OH 45840	34-4431169	501C3	3,000				EDUCATION
UNIVERSITY OF KENTUCKY STUDENT FINANCIAL AID OFFICE 128 FUNKHOUSER BUILDING LEXINGTON,KY 405060054	61-6001218	501C3	1,000				EDUCATION
UNIVERSITY OF RIO GRANDE 218 NORTH COLLEGE AVENUE PO BOX 500 RIO GRANDE,OH 45674	31-4379537	501C3	10,000				ADVANCING PHILANTHROPY
UNIVERSITY OF RIO GRANDE ACCOUNTING OFFICE PO BOX 500 RIO GRANDE,OH 45674	31-4379537	501C3	1,000				EDUCATION
UNIVERSITY OF TOLEDO OFFICE OF FINANCIAL AID 2801 WEST BANCROFT STREET MS 314 TOLEDO,OH 436063390	34-6401483	501C3	1,000				EDUCATION
UNIVERSITY OF TOLEDO OFFICE OF FINANCIAL AID 2801 WEST BANCROFT STREET MS 314 TOLEDO,OH 436063390	34-6401483	501C3	4,300				EDUCATION
UNIVERSITY OF TOLEDO OFFICE OF FINANCIAL AID 2801 WEST BANCROFT STREET MS 314 TOLEDO,OH 436063390	34-6401483	501C3	4,300				EDUCATION
US DEPARTMENT OF STATE M/FA-ROOM 8213 2201 C STREET NW WASHINGTON,DC 20520	53-0200682	501C3	500				URBAN AFFAIRS
WEECARE OUTREACH INC 16 SOUTH WALNUT STREET PO BOX 509 CHILLICOTHE,OH 45601	20-2011289	501C3	7,000				SOCIAL SERVICES

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

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WESTERVILLE AREA RESOURCE MINISTRY 175 A EAST BROADWAY AVENUE WESTERVILLE,OH 43081	31-1640355	501C3	20,000				SOCIAL SERVICES
WESTERVILLE AREA RESOURCE MINISTRY 175 A EAST BROADWAY WESTERVILLE,OH 43081	31-1640355	501C3	24,000				SOCIAL SERVICES
WILLIAMSPORT UNITED METHODIST CHURCH PO BOX 179 WILLIAMSPORT,OH 43164	31-0933480	501C3	1,000				RELIGION
WILMINGTON COLLEGE STUDENT ONE STOP 1870 QUAKER WAY PYLE CENTER 1184 WILMINGTON,OH 45177	31-0537514	501C3	500				EDUCATION
WITTENBERG UNIVERSITY PO BOX 720 SPRINGFIELD,OH 45501	31-0537177	501C3	600				EDUCATION
WORLD PARTNERSHIP FOUNDATION PO BOX 475 LITHOPOLIS,OH 43136	20-4717050	501C3	6,500				URBAN AFFAIRS
WORLD PARTNERSHIP FOUNDATION PO BOX 475 LITHOPOLIS,OH 43136	20-4717050	501C3	10,000				URBAN AFFAIRS
WORLD PARTNERSHIP FOUNDATION PO BOX 475 LITHOPOLIS,OH 43136	20-4717050	501C3	12,500				URBAN AFFAIRS
WRIGHT STATE UNIVERSITY OFFICE OF THE BURSAR E236 STUDENT UNION 3640 COLONEL GLENN HIGHWAY DAYTON,OH 45435	31-0732831	501C3	300				EDUCATION
WRIGHT STATE UNIVERSITY OFFICE OF THE BURSAR E236 STUDENT UNION 3640 COLONEL GLENN HIGHWAY DAYTON,OH 45435	31-0732831	501C3	1,000				EDUCATION

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XAVIER UNIVERSITY 3800 VICTORY PARKWAY CINCINNATI,OH 45207	31-0537516	501C3	2,000				EDUCATION
XAVIER UNIVERSITY 3800 VICTORY PARKWAY CINCINNATI,OH 45207	31-0537516	501C3	6,000				EDUCATION
YOUNG LIFE 3857 NORTH HIGH STREET SUITE 302 COLUMBUS,OH 43214	84-0385934	501C3	200				RELIGION
YOUNG LIFE 3857 NORTH HIGH STREET SUITE 302 COLUMBUS,OH 43214	84-0385934	501C3	500				RELIGION
YOUNG MENS CHRISTIAN ASSOCIATION OF 594 EAST MAIN STREET JACKSON,OH 45640	31-0886549	501C3	3,000				HEALTH
YOUNG MENS CHRISTIAN ASSOCIATION OF PICK 440 NICHOLAS DRIVE CIRCLEVILLE,OH 43113	31-4379594	501C3	500				SOCIAL SERVICES
ZION EVANGELICAL LUTHERAN CHURCH C/O 242 CHAPEL ROAD WHEELING,WV 26003	55-0461860	501C3	1,200				RELIGION

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
COMMUNITY FOUNDATIONS INC

Employer identification number
31-1197385

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1b	
<div><div>2</div><div>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?</div></div>	2	
<div><div>3</div><div>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</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	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) DOUGLAS F KRIDLER, PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	335,895	0	0	85,858	24,848	446,601	0
(2) RAYMOND J BIDDISCOMBE, CPA, SENIOR VICE PRESIDENT & CFO	(i)	0	0	0	0	0	0	0
	(ii)	192,079	0	0	25,933	12,556	230,568	0
(3) SARA B FISHER, VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	161,156	0	0	16,362	20,816	198,334	0
(4) LISA S COURTICE, PHD, EXECUTIVE VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	181,142	0	0	14,711	18,395	214,248	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
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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
COMMUNITY FOUNDATIONS INC

Employer identification number
31-1197385

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) 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	7	114,843	AVERAGE HIGH AND LOW
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

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?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

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

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

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

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part III

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.**

2013

**Open to Public
Inspection**

Name of the organization
COMMUNITY FOUNDATIONS INC

Employer identification number

31-1197385

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	TO FACILITATE THE TIMELY FILING OF THE FORM 990, THE RETURN IS NOT REVIEWED PRIOR TO ITS FILING BY ALL TRUSTEES THE RETURN IS, HOWEVER, AVAILABLE FOR REVIEW AT THE NEXT REGULARLY SCHEDULED BOARD MEETING
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, TRUSTEES ARE REQUIRED, IN WRITING, TO CONFIRM BOTH THEIR UNDERSTANDING OF THE FOUNDATION'S CONFLICT OF INTEREST POLICY, AND THAT HE/SHE IS IN COMPLIANCE WITH IT
FORM 990, PART VI, SECTION B, LINE 15	FORM 990, PART VI, SECTION B, LINES 15A&B TOP OFFICERS ARE NOT COMPENSATED
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORM 1023 AND 990 ARE AVAILABLE UPON REQUEST FURTHER, THE ORGANIZATION'S FORM 990 IS AVAILABLE AT WWW GUIDESTAR ORG
FORM 990, PART VI, SECTION C, LINE 19	THIS ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	BOOK/TAX INCOME DIFFERENCE ON PASS THROUGH INCOME 69,131 NET TRANSFERS FROM (TO) RELATED FOUNDATIONS 594,016 GRANTS RESCINDED FROM PRIOR YEARS 18,063 GRANT REFUNDS 7,891
FORM 990, PART XII, LINE 2C	AT THE ANNUAL AUDIT COMMITTEE MEETING, THE FINANCIAL STATEMENTS ARE PRESENTED TO THE AUDIT COMMITTEE BY THE EXTERNAL AUDITORS STAFF AND A MEMBER OF THE AUDIT COMMITTEE REVIEWS THE RESULTS OF THE AUDIT COMMITTEE MEETING WITH THE FULL BOARD AT THEIR NEXT SCHEDULED BOARD MEETING THE COMMITTEE ALSO OVERSEES THE PROCESS OF SELECTING THE INDEPENDENT ACCOUNTANT THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ **Complete if the organization answered "Yes" 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
COMMUNITY FOUNDATIONS INC

Employer identification number
31-1197385

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (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	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

Yes

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE COLUMBUS FOUNDATION	M	297,202	FMV OF SERVICES RENDERED
(2) THE COLUMBUS FOUNDATION	R	18,200	CASH PAYMENT
(3) THE COLUMBUS FOUNDATION	S	612,216	CASH PAYMENT

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 31-1197385

Name: COMMUNITY FOUNDATIONS INC

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) THE JOHN H MCCONNELL FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1253999	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(1) MEUSE FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 26-0017844	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(2) MORITZ FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 32-0100273	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(3) ROUSH FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1677576	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(4) JAMES A & KATHLEEN C RUTHERFORD FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1445233	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(5) THE SHACKELFORD FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1418621	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(6) THE SIEMER FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1550556	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(7) TRINITY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 20-2475731	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(8) ROBERT D WALTER FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1491083	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(9) THE ROBERT F WOLFE & EDGAR T WOLFE FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1253442	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No