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EXTENDED TO AUGUST 17, 2015

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public.

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

and ending

Inspection

В	Check if applicab	C Name of organization		D Employer identific	cation number			
_	⊤Addre	SS MAN ODDINGETELD ECIDIDAMION						
늗	chang Name			31_6	030764			
-	chang lnitial	to the second se	Room/suite					
⊢	iretum ∏Fınal	333 N LIMPSTONE ST STE 201	noon/suite	E Telephone number	324-8773			
_	return termir ated			G Gross receipts \$	10,802,966.			
	Amen	ded CDDINCETEID OH 45503		H(a) Is this a group re	· — — —			
\vdash	Applic			for subordinates				
	pendi	ng SAME AS C ABOVE		H(b) Are all subordinates in				
$\overline{\Gamma}$	Гах-ех	empt status X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) o	r 527	1 ' '	list. (see instructions)			
J	Websi	te: ► SPRINGFIELDFOUNDATION.ORG		H(c) Group exemptio				
K	orm o	forganization: X Corporation Trust Association Other	L Year		State of legal domicile: OH			
Pa	art I	Summary						
Φ.	1	Bnefly describe the organization's mission or most significant activities PROVI	DE FO	R ADVANCEME	NT AND			
Governance		SUPPORT OF EDUCATION, WELFARE SERVICES, F	RECREA	TION, FINE	ARTS,			
Ë	2	Check this box	ed of more	than 25% of its net as				
ò	3	Number of voting members of the governing body (Part VI, line 1a)		3	25			
ಷ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	25			
Activities &	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	6			
Ξ		Total number of volunteers (estimate if necessary)		6	41			
Aci	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	<3,373.>			
	Ь	Net unrelated business taxable income from Form 990-T, line 34		7b	<3,373.>			
		Contributions and grants (Part VIII, line 1h) RECEIVE	n H	Prior Year 1,798,917.	Current Year 1,704,422.			
ē	8		<u></u> H	133,362.	125,630.			
Revenue	9	Program service revenue (Part VIII, line 2g)		1,133,027.	1,421,999.			
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other reverse (Part VIII and Imp. (A) lines 5, 6d, 8e, 9e, 128, and 7d)	15	1,543.	26,296.			
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 18)		3,066,849.	3,278,347.			
_	13	Total revenue - add lines 8 through 11 (must equal Part VIII, Column (A), line 12)—Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,395,045.	2,194,729.			
	14	Grants and similar amounts paid (Part IX, column (A), Iirles 1-3)		0.	0.			
ro.	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_ ⊢	363,428.	361,306.			
ışe	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 231, 17	75. ├					
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		410,705.	375,746.			
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,169,178.	2,931,781.			
	1	Revenue less expenses. Subtract line 18 from line 12		<102,329.	> 346,566.			
or Ses			Ве	ginning of Current Year	End of Year			
Ssets or Balances	20	Total assets (Part X, line 16)		67,910,614.	72,002,423.			
ASS	21	Total liabilities (Part X, line 26)		36,408,066.	39,500,763.			
ž.	21 22	Net assets or fund balances Subtract line 21 from line 20 .		31,502,548.	32,501,660.			
	art II	Signature Block						
Und	er pen	afties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is			
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.				
		I Willen V Disano		R-1-	5			
Sig	n	Signature of officer		Dale				
He	re	MAUREEN MASSARO, TREASURER						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai		MATTHEW SHROYER MATTHEW SHROYER		8/04/15 self-employ				
	parer	Firm's name CLARK, SCHAEFER, HACKETT & CO.		Firm's EIN ▶	31-0800053			
Use	Use Only Firm's address 14 E. MAIN STREET, SUITE 500							
_		SPRINGFIELD, OH 45502		Phone no. 93	7-399-2000			
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

	990 (2014) THE SPRINGFIELD FOUNDATION	31-6030764	Page 2
Pai	t 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 OID MICCION IC TO DATCE CORPORATION AND DICTORDIBLITY DEPARTMENT AND DICTORDIBLITY DEPARTMENT AND DICTORDIBLITY DEPARTMENT.	ፈን እነውእነጥ	
	OUR MISSION IS TO RAISE, STRENGTHEN, AND DISTRIBUTE PERI	TAINEN I	
	CHARITABLE FUNDS TO BENEFIT CLARK COUNTY.		
			-
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	□v _o ,	s X No
	•		S LEE INO
	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?	L Yes	s X 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 expense	es.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		rs, the total expenses	, and
_	revenue, if any, for each program service reported.	166	200
4a	(Code) (Expenses \$ 2,523,733. including grants of \$ 2,194,729.) (Revenue)		<u>,299.</u>)
	THE SPRINGFIELD FOUNDATION PARTNERS WITH INDIVIDUALS, FA		
	ORGANIZATIONS TO PROVIDE A PERMANENT SOURCE OF CHARITABL	LE CAPITAL ?	ro
	IMPROVE THE QUALITY OF LIFE OF THOSE IN CLARK COUNTY, OF	HIO. THESE	
	RESOURCES ARE STRENGTHENED THROUGH SOUND INVESTMENT AND		
	STEWARDSHIP AND ARE DISTRIBUTED AS GRANTS TO NON-PROFIT		ONIC
			<u> </u>
	AND AS SCHOLARSHIPS FOR STUDENTS THROUGHOUT THE COMMUNIT	ĽY.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	ue \$)
		· · · · · · · · · · · · · · · · · · ·	
4c	(Code) (Expenses \$) (Revenue	Je \$)
		-	
		· · · · · · ·	
		<u> </u>	
			
74	Other pregram convece (Decembe in Schedule O.)	<u> </u>	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ Including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 2,523,733.		
		Form	990 (2014)
43200 11-07-	2 14		, ,

	<u> </u>	
Part IV	Checklist of Required Schedules	

			Yes	<u>No</u>
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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	_
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		Х
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	•	х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>x</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_	v	
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
•	Schedule D, Part III	8		х
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	Х	
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	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		х
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		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
ь	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
. •	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	(2014)

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's c	urrent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete]
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 a	s of the		ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and comple	ite		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defe	ease		
	any tax-exempt bonds?	24c		<u> </u>
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year	, and		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," compa	lete		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	r		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Y	/es,"		ı
	complete Schedule L, Part II	26	1 1	X

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

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)

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

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X

X

X

X

X

X

X

X

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

X

X

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Pai	rt 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 26			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	to prize winners? the properties on Form W-3, Transmittal of Wage and Tax Statements, and the year covered by this return the year covered by the year covered by this return the year covered by		
	filed for the calendar year ending with or within the year covered by this return 2a 5			********
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			3.5
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			3,7
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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			v
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ا ا		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			х
	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		
	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?	70		х
4	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		$\frac{1}{X}$
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
I2a	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.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Form **990** (2014)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 25			
	If there are material differences in voting rights among members of the governing body, or if the governing			1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
Ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion 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		Х
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	37	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	ļ
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		х	ŀ
40	In Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	
14 15	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
а	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	 15a	X	
	Other officers or key employees of the organization		X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X.
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		-	- -
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	1	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	JOYCE DAWSON - (937) 324-8773			
	333 N LIMESTONE ST STE 201, SPRINGFIELD, OH 45503			
432006	3 11-07-14	Form	990	(2014)

Form 990 (2014) Part VIII 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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average hours per		not cl	heck	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week	offi	cer an					from	from related	other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TAMMI ANGLE	1.00									
TRUSTEE		Х						0.	0.	0.
(2) ANDY BELL	1.00								_	_
TRUSTEE	1 00	Х				<u> </u>		0.	0.	0.
(3) DEAN BLAIR	1.00	١ ا								
TRUSTEE (4) BILL BROUGHER	1.00	X	Н			<u> </u>		0.	0.	0.
TRUSTEE	1.00	x						0.	0.	_
(5) RANDALL COMER	1.00	^	Н					U •	U •	0.
SECRETARY	1.00	х		x				0.	0.	0.
(6) LULA COSBY	1.00		Н						0.	
TRUSTEE	- 2100	x						0.	0.	0.
(7) DR. CATHY CROMPTON	1.00					 	_			
TRUSTEE		х		1				0.	0.	0.
(8) KIM FISH	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(9) WILLIAM FRALICK	1.00									
TRUSTEE		Х						0.	0.	0.
(10) DEBORAH HILL	1.00									
TRUSTEE		X				L		0.	0.	0.
(11) ED LEVENTHAL	1.00								_	
TRUSTEE	1 00	Х				lacksquare		0.	0.	0.
(12) TOM LOPTIS	1.00	 							_	
TRUSTEE (13) MEL MARSH	1.00	Х	Н	_				0.	0.	0.
TRUSTEE	1.00	x						0.		
(14) MAUREEN MASSARO	1.00	Δ	-	_					0.	0.
TREASURER	1.00	x		x				0.	0.	0.
(15) STEVE NEELY	1.00	Ĥ	\vdash	^		\vdash	_	0.	<u> </u>	0.
TRUSTEE	1.00	x						0.	0.	0.
(16) DAN O'KEEFE	1.00			\dashv		Н				0.
TRUSTEE		x						0.	0.	0.
(17) PLATO PAVLATOS	1.00	Ħ	H	一	_	_				3.
PRESIDENT		$ \mathbf{x} $		\mathbf{x}				0.	0.	0.

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Form 990 (2014)

Form 990 (2014) THE SPRIM	NGFIELD	F	מטכ	ND?	<u>\T:</u>	101	N_		31-6030	764	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st (Compensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average			Position t check more than one				Reportable	Reportable	Estimate		be
	hours per	box	, unle	ss pe	rson	ıs bot	h an	· .	compensation	ar	nount	of
	week	\vdash	-	1020		J./008	1	from	from related		other	
	(list any hours for	racto			İ			the	organizations		pensa	
	related	þ	20		İ	sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the anızat	
	organizations	ruster	trus		 8	ngen		(***2/1099-141130)			d relat	
	below	duat			[출	st co	_				anızati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(18) ROB RUE	1.00					T	Г					
TRUSTEE		Х						0.	0	.[0.
(19) WILLIAM SCARFF	1.00											
TRUSTEE		X						0.	0	,		0.
(20) JAGDISH SINGH	1.00											
TRUSTEE		Х						0.	0	<u>. </u>		0.
(21) O. LESTER SMITHERS	1.00											
TRUSTEE		X					L	0.	0	<u>. </u>		0.
(22) DR. LAURI JOYNER	1.00]							_			_
TRUSTEE		X		L	L	L		0.	0.	·		0.
(23) DARRELL KITCHEN	1.00											_
TRUSTEE	4-0-	Х	_	<u> </u>	_	╙		0.	0	<u> </u>		0.
(24) ALEX LOEHRER	1.00		l	ĺ					_			^
TRUSTEE	1 00	Х	ļ	<u> </u>	_	_	┡	0.	0	\		0.
(25) SHEILA RICE	1.00	Į.,								1		^
TRUSTEE	40.00	X	! —	H	⊢	⊢	L	0.	0	' 		0.
(26) TED VANDER ROEST	40.00	ł		x				105 694	0	1	. .	Λ Q
EXECUTIVE DIRECTOR	1			Δ.	1	<u> </u>	Ļ	105,684.	0		<u>5,5</u> 5,5	
1b Sub-total								103,084.	0		, , ,	00.
c Total from continuation sheets to Part VI	i, Section A				-			105,684.	0		5,5	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	at limited to th		Junta		hove	مر ده				<u>' </u>	5,5	00.
compensation from the organization	or innited to ti	1056	iiste	ou a	DOV	e, w	101	received more triair \$100	7,000 of reportable			1
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director or tri	iste	e ke	ev er	mole	ovee	or	highest compensated e	mplovee on			
line 1a? If "Yes," complete Schedule J for s			٠,	., o.		,,	,	mg. oo. oomponoatoa o		3		X
4 For any individual listed on line 1a, is the su			amo	ensa	atior	n an	d of	ther compensation from	the organization			
and related organizations greater than \$15	-							•	J	4	~	X
5 Did any person listed on line 1a receive or a									idual for services			
rendered to the organization? If "Yes," com								_		5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	ract	ors	that received more than	\$100,000 of comper	sation	from	
the organization. Report compensation for	the calendar y	ear	end	ıng v	vrth	or v	<u>rth</u>	in the organization's tax	year			
(A)				_				(B))	
Name and business	address	N	ON	E				Description of s	services	Compe	nsatio	n ———
	<u> </u>											

Form 990 (2014)

40000011

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2014) THE SPRINGFIELD FOUNDATION
Part VIII | Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 8	Federated campaigns	1a		·			
ar our	t	b Membership dues	1b	38,000.				
s, G		Fundraising events	1c					ł
ar /	,	d Related organizations	1d					ł
s, (mil		Government grants (contribut						
ion		F All other contributions, gifts, gran						
bei		similar amounts not included abo		1,666,422.				
Ēδ	١,	Noncash contributions included in lines		511,024.				
Contributions, Gifts, Grants and Other Similar Amounts		n Total. Add lines 1a-1f			1,704,422.			
		y Totali / Ida ii/ioo ia ii		Business Code				
Φ.	2 8	a ADMINISTRATIVE FEE INC	OME	561000	81,310.	81,310.		
Š	Ł			561000	44,320.	44,320.		
Program Service Revenue		•			,			
								
Pa		2						
P.		f All other program service reve	nue					
		Total. Add lines 2a-2f		•	125,630.			
	3	Investment income (including	dividends, interi		, ,			
		other similar amounts)		.	640,010.			640,010.
	4	Income from investment of ta	x-exempt bond r	proceeds				
	5	Royalties	condition of					
		,	(i) Real	(ii) Personal				
	6 a	a Gross rents	WY.132.	(.)				
		Less rental expenses		 				
		Rental income or (loss)						İ
		d Net rental income or (loss)	,	<u> </u>				
		Gross amount from sales of	(i) Securities	(ii) Other				-
		assets other than inventory	8,306,608.	\ \\				
	t	Less cost or other basis	··-					
		and sales expenses	7,524,619.					
		Gain or (loss)	781,989.					
		d Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	•	781,989.			781,989.
		Gross income from fundraising	a events (not		<u></u>			
evenue		including \$	of					
eve		contributions reported on line						
Ä.		Part IV, line 18	a]				
Other	t	Less: direct expenses	b					
0		Net income or (loss) from fund		•				
		Gross income from gaming ac						
		Part IV, line 19	а					
	t	Less direct expenses	. ь		j			
	c	Net income or (loss) from gam	ing activities		-			1
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	t	Less cost of goods sold	ь					
		Net income or (loss) from sale	s of inventory	. ▶				1
		Miscellaneous Revenu		Business Code				
	11 a	MISC INCOME		561000	29,669.	29,669.		1
	E	NET INCOME (LOSS) FROM	K-1	211110	<3,373.	,	<3,373.	>
	c							
	c	All other revenue	_					
	e	Total. Add lines 11a-11d			26,296.			1
	12	Total revenue. See instructions.			3,278,347.	155,299.	<3,373.	1,421,999.
43200 11-07	9							Form 990 (2014)

31-6030764 Page 10 Form 990 (2014) 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 (D) Fundraising expenses (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,780,348 1,780,348. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 414,381 414,381 individuals, See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 121,192. 34,858. 34,771. 51,563. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 172,597. 49,519. 49,644. 73,434. Other salaries and wages Pension plan accruals and contributions (include 4,794 7,092. 16,668. 4,782. section 401(k) and 403(b) employer contributions) 27,662. 7,936. 7,957. 11,769. Other employee benefits 23,187. 6,653. 6,669. 9,865. 10 Payroll taxes 11 Fees for services (non-employees): a Management 80. 80 **b** Legal 20,509 20,509. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 96,845. 96,845. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 14,676. 4,211. 4,221. 6,244. 12 Advertising and promotion 2,097. 7,291. 2,092. 3,102. 13 Office expenses 5,281. 18,405. 5,294. 7,830. 14 Information technology 15 Royatties 36,660. 10,518. 15,597. 10,545. 16 Occupancy 2,253 646. 648. 959. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials

9,643. OTHER 52,238. 17,181. 25,414. c PRINTING AND PUBLICATIO 10,541. 3,024. 3,032. 4,485. d EQUIPMENT RENTAL AND MA 10,499. 3,012. 3,020. 4,467. 5,305 1,526. 1,522. 2,257. e All other expenses 2,931,781. 2,523,733. 176,873. $2\overline{31,175}$ Total functional expenses. Add lines 1 through 24e

7,714.

4,550.

4,416.

83,764.

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ___ if following SOP 98-2 (ASC 958-720)

Conferences, conventions, and meetings

Depreciation, depletion, and amortization

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 MISC FUND EXPENSES

19 20

21

22

23

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Interest

Payments to affiliates

Form 990 (2014)

3,282.

1,936.

1,879.

2,219.

1,309

1,270.

2,213.

1,305.

1,267.

83,764

Part X Balance Sneet	Part X	Balance Sheet
------------------------	--------	---------------

Pai	π λ	balance Sneet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	-	Cook and attend have a	1,554,991	+_	1,376,579.
	1 1	Cash - non-interest-bearing	1,647,933	+	2,057,430.
	2	Savings and temporary cash investments	8,414	+	14,587.
	3	Pledges and grants receivable, net	0,414	+	14,567.
	4	Accounts receivable, net	 	4	
	5	Loans and other receivables from current and former officers, director			
		trustees, key employees, and highest compensated employees Com- Part II of Schedule L	piete	ا ـ ا	
	6	Loans and other receivables from other disqualified persons (as defin	ad under	5	
	ľ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and co			
		employers and sponsoring organizations of section 501(c)(9) voluntar	- t		
S		employees' beneficiary organizations (see instr). Complete Part II of S	•	6	
Assets	7	Notes and loans receivable, net		7	<u> </u>
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	19,087.	9	21,248.
		Land, buildings, and equipment cost or other		1	21,2100
			3,490.		
	Ь	Less: accumulated depreciation 10b 97	7,890. 32,189.	10c	40,600.
	11	Investments - publicly traded securities	53,150,739	11	43,256,485.
	12	Investments - other securities See Part IV, line 11	11,075,962.		24,792,008.
	13	Investments · program-related See Part IV, line 11	265,557.		267,395.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	155,742.	15	176,091.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	67,910,614.	16	72,002,423.
	17	Accounts payable and accrued expenses	35,332.		33,390.
	18	Grants payable	117,412.	18	44,309.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	35,525,719.	21	38,827,382.
es	22	Loans and other payables to current and former officers, directors, tru	ıstees,		
ij		key employees, highest compensated employees, and disqualified pe	rsons.		
Liabilities		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 Par			E05 600
		Schedule D	729,603.		595,682.
	26_	Total liabilities. Add lines 17 through 25	36,408,066.	26	39,500,763.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ \(\text{\texts}\)	⊾ and		
ces		complete lines 27 through 29, and lines 33 and 34.	7,550,416.		7,655,280.
lan	27	Unrestricted net assets	23,952,132.		24,846,380.
Ba	28 29	Temporarily restricted net assets	23,332,132.	1 -	24,040,300.
5	25	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		29	
r F		and complete lines 30 through 34.			
ts o	30			ا مو ا	
Net Assets or Fund Balances	31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30	
ا کِ	32	Retained earnings, endowment, accumulated income, or other funds		31	
S	33	Total net assets or fund balances	31,502,548.		32,501,660.
	34	Total liabilities and net assets/fund balances	67,910,614.	34	72,002,423.
			1 0.75207014.	, ,,,	Form 990 (2014)

Form **990** (2014)

432012 11-07-14 Form 990 (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Inspection

Name of the organization

Employer identification number

	THE	SPRINGFIEL	D FOUNDATION				3	1-6030764			
Part I					ıs part.) Se	e instructions					
The orga	anization is not a private found	lation because it is (For lines 1 through 11, o	heck only	one box.)						
1 🗀	A church, convention of ch										
2	A school described in sect										
3 🗔	A hospital or a cooperative			action 170	YKV 1VAVii	ii)					
્રે =	-					•	(iii) Estar	the beentel's name			
4 🗀		ation operated in co	njunction with a nospita	described	ın secuo	η του(ο)(τ)(Α)	ılıı). Enter	the nospital's name,			
	city, and state										
5 ட	An organization operated for		llege or university owner	d or opera	ted by a g	overnmental u	ınıt describ	oed in			
_	_ section 170(b)(1)(A)(iv). (0	Complete Part II)									
6 🖳	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7 LX	An organization that norma	illy receives a substa	ntial part of its support	from a gov	ernmental	unit or from the	ne general	public described in			
	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8 🗆	A community trust describe	ed in section 170(b)	(1)(A)(vi), (Complete Par	t It)							
9 🗆	An organization that norma				contributu	nns members	hin fees a	and aross receints from			
	activities related to its exer							=			
	income and unrelated busi	-	•					•			
			(less section 511 tax) if	om busine	sses acqu	ired by the or	ganization	arter June 30, 1975.			
40	See section 509(a)(2). (Co		1.4.4.4.4.11.								
10	☐ An organization organized in the second	•		•				_			
11	An organization organized	and operated exclus	ively for the benefit of, to	perform 1	the functio	ns of, or to ca	irry out the	e purposes of one or			
	more publicly supported or	-						Check the box in			
_	lines 11a through 11d that	describes the type of	f supporting organization	n and con	nplete lines	s 11e, 11f, and	i 11g				
a L	Type I. A supporting orga	anızatıon operated, s	upervised, or controlled	by its sup	ported org	janization(s), t	ypically by	giving			
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting										
	organization You must complete Part IV, Sections A and B.										
ьΩ	Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	iving			
	control or management of	•				-	•	_			
	organization(s). You mus						J				
ا ہ	Type III functionally inte	•		in connec	tion with a	and functional	ly integrati	ed with			
• -	rts supported organizatio	-					iy integrat	ca mai,			
a [· .				404	·			
u _	Type III non-functionally		· ·					• •			
	that is not functionally inf	-		-		-	an attent	iveness			
_	requirement (see instruct										
e L	Check this box if the organic	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III				
	functionally integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.						
f Er	nter the number of supported	organizations					•				
g Pr	ovide the following information										
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(rv) is the o listed i	rganization	(v) Amount of		(vi) Amount of			
	organization		(described on lines 1-9 above or IRC section	governing		support	•	other support (see			
			(see instructions))	Yes	No	Instructi	ons)	Instructions)			
				 							
				1							
	- - :			 				 			
				1							
				 							
				i				1			
				1							
Total		į ·		1	ı			1			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 THE SPRINGFIELD FOUNDATION 31-6030' | 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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	<u> </u>					
	include any "unusual grants ")	1,424,837.	1,704,006.	3,493,289.	1,798,917.	1,704,422.	10,125,471.
2	Tax revenues levied for the organ-						-
	ızatıon'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	1,424,837.	1,704,006.	3,493,289.	1,798,917.	1,704,422.	10,125,471.
5	The portion of total contributions						
	by each person (other than a			:			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				:		
	amount shown on line 11,						
	column (f)						2,706,151.
	Public support. Subtract line 5 from line 4				·	- "	7,419,320.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,424,837.	1,704,006.	3,493,289.	1,798,917.	1,704,422.	10,125,471.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	576,020.	725,683.	850,112.	562,945.	640,010.	3,354,770.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					<3,373.	> <3,373.
10	Other income. Do not include gain						
	or loss from the sale of capital		i				
	assets (Explain in Part VI)	67,614.	77,426.	78,660.	1,543.	26,296.	251,539.
11	Total support. Add lines 7 through 10						13,728,407.
12	Gross receipts from related activities,	, etc (see instruction	ons)			12	258,992.
13	First five years. If the Form 990 is for	•	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Se	organization, check this box and stor		rcentage				
14	Public support percentage for 2014 (line 6, column (f) d	ivided by line 11, o	column (f))		14	54.04 %
	Public support percentage from 2013					15	50.04 %
	33 1/3% support test - 2014. If the			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						ightharpoons X
ŧ	33 1/3% support test - 2013. If the	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation	_	_	. ▶□
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not d	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	dorganization		ightharpoons
t	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	. ▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s ▶ □
					Sche	edule A (Form 990	or 990-F7) 2014

Schedule A (Form 990 or 990 EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Sect	tion A. Public Support	siow, picase com	piete rait II j				
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	1-1-0-10-	1 (5/25/	(5/25.2	(=, =0.0	1 \-/	
	nembership fees received. (Do not						
	nclude any "unusual grants.")		1				
	Gross receipts from admissions.		†		 	 	
	nerchandise sold or services per-		1				
f	ormed, or facilities furnished in		1				
	any activity that is related to the						
	organization's tax-exempt purpose		 	-	 	+	
	Gross receipts from activities that		1				
	are not an unrelated trade or bus-]
	ness under section 513				1	 	
	Tax revenues levied for the organ-				1	1	
	zation's benefit and either paid to		1		1		
(or expended on its behalf	 				ļ	
5 1	The value of services or facilities		1		1		
	furnished by a governmental unit to				1		
t	he organization without charge		<u> </u>				
6 7	Total. Add lines 1 through 5						
7a /	Amounts included on lines 1, 2, and						
3	3 received from disqualified persons						
b A	Amounts included on lines 2 and 3 received				-		
	rom other than disqualified persons that		1				
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	_	 				
	Public support (Subtract line 7c from line 6.)		t		 		
	tion B. Total Support		1	L	<u>. </u>		
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	10/2010	(5) 2011	(0) 2012	(6) 2013	(6) 2014	(i) i Otai
	Gross income from interest,		 	<u> </u>	 	 	
	dividends, payments received on					1	
	securities loans, rents, royalties						
	and income from similar sources		<u> </u>	 			-
	Unrelated business taxable income		1				
	less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b		L	ļ	ļ	ļ	
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is		1				
	regularly carned on					1	
	Other income. Do not include gain				"		
	or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)		1				
	First five years. If the Form 990 is for	the organization	s first, second, thii	rd, fourth, or fifth to	ax vear as a section	on 501(c)(3) organiz	zation.
	check this box and stop here		, ,	_,			▶□
	tion C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2014 (li			column (ft)		15	%
	Public support percentage from 2013	,	•		-	16	
	tion D. Computation of Inves			•		1 101	70
	nvestment income percentage for 20					17	
	·	•	• • • • • • • • • • • • • • • • • • • •	ie is, column (I))		17	
	nvestment income percentage from 2				- dE	18	96
	33 1/3% support tests - 2014. If the						I / is not
	more than 33 1/3%, check this box ar				• •	•	▶∟
	33 1/3% support tests - 2013. If the						
1	ine 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	oorted organization	▶Щ
20 I	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check to	his box and see in	structions_	. ▶□
432023	09-17-14				92	hedule A (Form 99	0 ~ 000 E7) 201/

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction	A.	ΑII	Supp	orting	0	ganiz	zatior	۱S

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	_		-
	1		_
	2		
	3a		
	3b		
٠	3c		
	4a		
	70		
	4b		<u> </u>
			ı
	4c	j	
	5а		
	5b		
	5c		
	_		
	6		
	7		_
	•		—
	8		
	0-		
	9a		<u> </u>
	9b		
	9c		
	10a		
	iva		_
	10b		
ı 9:	90 or 99	0-EZ)	2014

Sche	edule A (Form 990 or 990-EZ) 2014 THE SPRINGFIELD FOUNDAT	ION		31-6030764 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
	other Type III non-functionally integrated supporting organizations must co	-		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1 1		(0)
2	Recovenes of pnor-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			-
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	······································	
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		, 2	
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	1		
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			,
	see instructions)	4		<u> </u>
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	ly-integrat	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Schedule A (Form 990 or 990-EZ) 2014 THE SPRINGFIELD FOUNDATION 31-6030764 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount (iii) **Excess Distributions Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Amount for 2014 Pre-2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014: а b C d i e From 2013 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2014 from Section D. a Applied to underdistributions of prior years **b** Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2015. Add lines 3₁ Breakdown of line 7. а b d Excess from 2013 Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

chedule A	(Form 990 or 990-EZ) 2014	4 THE SPRINGFIEL	D FOUNDATION	31-6030764 Pa
Part VI	Supplemental Infor	mation. Provide the explana	ations required by Part II, line 10	, Part II, line 17a or 17b, and Part III, line 12
	Also complete this part for	or any additional information (S	See instructions)	
	7400 complete the part is	starty additional information (see interreptions.	
				
	<u> </u>			
				-
				
-				· · · · · · · · · · · · · · · · · · ·
			-	
				
				<u>-</u>
				·
				

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

Name of the organization

THE SPRINGFIELD FOUNDATION

Employer identification number

31-6030764 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 127 Total number at end of year 1,235,306. Aggregate value of contributions to (during year) 1,246,403. Aggregate value of grants from (during year) 7,291,313. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes are the organization's property, subject to the organization's exclusive legal control? 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 X Yes impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 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)? 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) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Sche	dule D (Form 990) 2014 THE SPR	INGFIELD FO	OUNDATION			3	1-60	30764	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, o	r Othe	r Simila	r Asse	ts (continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	are a sig	gnificant us	se of its	collection	rtems
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange progra	ms				
b	Scholarly research	е	U Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further the	ne organizatio	n's exen	npt purpos	e in Parl	XIII	
5	During the year, did the organization solicit o		•		r sımılar	assets		3	
	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arran		te if the organization	n answered "	Yes" to F	Form 990, I	Part IV, I	ine 9, or	
4.	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for contribution	s or other ass	sets not i	inciuaea		7 v	X No
	on Form 990, Part X?						L	」 Yes	LAL NO
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					A	
_	Paginning halanga					1c		Amount	
C C	Beginning balance Additions during the year					10			
d e	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe	orm 990. Part X. line	21. for escrow or cu	istodial accou	ant liabili		X	Yes	No
	If "Yes." explain the arrangement in Part XIII.		· ·			•,			$\overline{\mathbf{x}}$
Par	······································)			
		(a) Current year	(b) Prior year	(c) Two years		d) Three yea	ars back	(e) Four y	ears back
1a	Beginning of year balance	29,897,126.	27,440,238.	24,191	,940.	24,42	0,646.	22,	889,713.
b	Contributions	580,715.	825,824.	2,454	,829.	89	8,615.	;	339,206.
С	Net investment earnings, gains, and losses	2,067,835.	3,782,155.	2,757	,626.	47	1,918.	2,	865,260.
d	Grants or scholarships	1,182,510.	1,479,014.	1,401	,806.	1,16	0,487.	1,	246,881.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	549,694.	672,077.		,351.		8,752.		426,652.
9	End of year balance	30,813,472.	29,897,126.	27,440	,238.	24,19	1,940.	24,	420,646.
2	Provide the estimated percentage of the curr			i)) held as:					
а	Board designated or quasi-endowment	23.56	_%						
Ь	Permanent endowment	- 							
С		6.44 %							
	The percentages in lines 2a, 2b, and 2c should be a sh								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are neid a	na aaminister	rea for th	ie organiza	tion	Г	res No
	by. (i) unrelated organizations							3a(i)	X
	(ii) related organizations						•	3a(ii)	$\frac{x}{x}$
h	If "Yes" to 3a(ii), are the related organizations	: listed as required o	n Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	•						_ 00	
	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		, Part IV, line 11a S	ee Form 990,	Part X, I	ine 10			
	Description of property	(a) Cost or o		or other		cumulated		(d) Book	value
		basis (ınvestn	nent) basis	(other)	dep	reciation			
1a	Land .								
b	Buildings								
С	Leasehold improvements			0,239.		28,24			,991.
d	Equipment .		8	8,251.		69,64	2.	18	,609.
	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c)				40	,600.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

<u>1</u> .	(a) Description of liability	(b) Book value			
(1)	Federal income taxes				
(2)	SPLIT INTEREST AGREEMENTS PAYABLE	595,682.			
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	595,682.			

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

THE FOUNDATION HAS BEEN GRANTED TAX-EXEMPT STATUS UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE AND IS, THEREFORE, GENERALLY EXEMPT FROM

FEDERAL AND STATE INCOME TAXES. THE FOUNDATION QUALIFIES FOR THE

CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND HAS

BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER

SECTION 509(A)(1).

THE FOUNDATION CONSIDERS THE ACCOUNTING AND RECOGNITION FOR INCOME TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE FOUNDATION'S INCOME TAX

RETURNS. THE FOUNDATION'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY

VARIOUS TAXING AUTHORITIES. THE YEARS OF FILINGS OPEN TO THESE AUTHORITIES

AND AVAILABLE FOR AUDIT ARE THE YEARS ENDING DECEMBER 31, 2011, 2012 AND

2013. THE FOUNDATION'S POLICY WITH REGARDS TO INTEREST AND PENALTIES IS TO

RECOGNIZE INTEREST THROUGH INTEREST EXPENSE AND PENALTIES THROUGH OTHER

EXPENSE. IN EVALUATING THE FOUNDATION'S TAX PROVISION AND TAX EXEMPT

STATUS, INTERPRETATIONS AND TAX PLANNING STRATEGIES WERE CONSIDERED.

MANAGEMENT BELIEVES THE FOUNDATION DOES NOT HAVE INCOME FROM ACTIVITIES

SUBJECT TO UNRELATED BUSINESS INCOME RULES. THE FOUNDATION BELIEVES THEIR

ESTIMATES ARE APPROPRIATE BASED ON THE CURRENT FACTS AND CIRCUMSTANCES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN FROM INVESTMENT IN LLC 1,838.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PARTNERSHIP LOSS -3,373.

SCHEDULE I

Grants and Other Assistance to Organizations,

OMB No 1545-0047

(Form 990)		့	Governments, and Individuals in the United States	nd Individua	Is in the Uni	ted States		2014
Department of the Treasury			Complete it the organization answered Test to form 880, Part IV, tine 21 of 22.	on answered 16s to Fo	i to rorm 990, rat m 990	rt IV, IINB 2 I Of 22.		Open to Public
Internal Revenue Service		► Informati	Information about Schedule I (Form 990) and its instructions is at www its nov/form990	(Form 990) and its	s instructions is a	t www.lrs.cov/form99	0.	Inspection
Name of the organization	on THE SPRINGFIELD FOUNDATION	GFIELD FO	UNDATION			,		Employer identification number 31-6030764
Part I General In	General Information on Grants and Assistance	nd Assistance			;			
1 Does the organiza	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	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibility	y for the grants or ass	sstance, and the select	tion
criteria used to a	criteria used to award the grants or assistance?	stance?						☐ Yes X No
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mon	toring the use of grant	t funds in the Unite	d States			
\neg	Grants and Uther Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV. line 21, for any	Domestic Organi	zations and Domesti	ic Governments. C	complete if the orga	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient th	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000 Part II can	be duplicated if addit	tional space is need	pep			
1 (a) Name and ad	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHMENT								
VARIOUS								
VARIOUS, OH 00000				1,780,348.	0.			VARIOUS
:	į							
2 Enter total numbe 3 Enter total numbe	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	nd government on listed in the line 1	ganizations listed in the table	ne line 1 table			i	101.
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for	see the Instructi	ions for Form 990.					Schedule I (Form 990) (2014)

31-6030764

Schedule I (Form 990) (2014) THE SPRINGFIELD FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Gan 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
EDUCATIONAL SCHOLARSHIP	239	414,381.	•0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
THE GRANTEE IS REQUIRED TO PROVIDE	S AN INTERIM	RIM REPORT	AND A FINAL	AL REPORT	
WHICH IS EVALUATED TO MAKE SURE TH	THAT THE GRANT	IS	BEING USED F	FOR THE	
INTENDED PURPOSE. SITE VISITS ARE	DONE ON A	A RANDOM BASIS.		CHARITABLE	
CHECKING AND DONOR ADVISED GRANTS	ARE ONLY	PROVIDED	TO QUALIFIED	ED 501(C)(3)	
OR GOVERNMENT ORGANIZATIONS.					

Schedule I (Form 990) (2014)

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. Inspection

| Employer identification number

OMB No 1545-0047

Open To Public

Name of the organization

THE SPRINGFIELD FOUNDATION

31-6030764

Par	rt 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 1q	(d) Method of de noncash contribu			s
1	Art - Works of art							
2	Art - Historical treasures		i					
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	24	410,024.	EXCHANGE VA	LUE		
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				_ <u> </u>			
17	Real estate - Other	Х	1	101,000.	SALE PRICE			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy		ļ					
22	Historical artifacts		 					
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()			· · · · · -				
26	Other ()							
27	Other ()							—
28 29	Other () Number of Forms 8283 received by the organize	zation durin	a the tay weet for a	entabutions I				
29	for which the organization completed Form 82							
	io which the organization completed form ozi	55, Fait 1V,	Donee Acknowled	gement 25			res l	No
30a	During the year, did the organization receive by	v contributir	on any property rei	norted in Part I lines 1 throu	nh 28 that it	- '	63	110
	must hold for at least three years from the date				=		1	
	exempt purposes for the entire holding period			· ·····or · · or · · oquil ou · co · bo	4504 10.	30a	- 1	X
ь	If "Yes," describe the arrangement in Part II			•		1	\dashv	
31	Does the organization have a gift acceptance	oolicy that re	equires the review	of any non-standard contrib	utions?	31	х	
	Does the organization hire or use third parties				• •		一	
	contributions?					32a	хl	
b	If "Yes," describe in Part II.			•			\dashv	
33	If the organization did not report an amount in	column (c) t	or a type of prope	rty for which column (a) is ch	ecked,		İ	
	describe in Part II.				<u>. </u>		ı	

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

Schedule M (Form 990) (2014)

Schedule M (Form 990) (2014) THE SPRINGFIELD FOUNDATION	31-6030764	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, is reporting in Part I, column (b), the number of contributions, the number of items received, of this part for any additional information	, and 33, and whether the organization a combination of both. Also compl	ion
SCHEDULE M, LINE 32B:		
THE FOUNDATION USES A FINANCIAL INSTITUTION TO SELL D	OONATED SECURITIES	
IT RECEIVES.	<u>-</u>	
		-
	· · · · · · · · · · · · · · · · · · ·	,
		·
		
		

Schedule M (Form 990) (2014)

432142 08-12-14

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

432211 08-27-14

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs. gov/form990 OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE SPRINGFIELD FOUNDATION

Employer identification number

31-6030764 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HEALTH SERVICES AND ENHANCEMENT OF CHILDREN'S LIVES. FORM 990, PART VI, SECTION B, LINE 11: COPY OF THE 990 IS E-MAILED OR MAILED TO EACH BOARD MEMBER FOR REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: BOARD COMPLETES NEW CONFLICT OF INTEREST FORMS EACH DECEMBER. THE DISTRIBUTION COMMITTEE WILL REVIEW THEM BEFORE THE GRANT PROCESS AND ANY MEMBER WITH A CONFLICT OF INTEREST WILL ABSTAIN FROM VOTING. FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMMITTEE DECIDES THE EXECUTIVE DIRECTOR'S SALARY. EXECUTIVE COMMITTEE APPROVES PERCENTAGE THE DIRECTOR GIVES TO OTHER EMPLOYEES. FORM 990, PART VI, SECTION C, LINE 18: COPIES ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE INCLUDED IN THE ANNUAL REPORT. FORM 990, PART VI, SECTION C, LINE 19: COPIES ARE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: GAIN FROM INVESTMENT IN LLC 1,838. PARTNERSHIP LOSS 3,373. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

35

12420804 758047 4000001-526 2014.04010 THE SPRINGFIELD FOUNDATION 40000011

Name of the organization THE SPRINGFIELD FOUNDATION	Employer identification number 31-6030764
TOTAL TO FORM 990, PART XI, LINE 9	5,211.
TOTAL TO TOTAL 950, TAKE AT, BINL 5	3,211.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED.	
THE TROUBLE HELD HOT CHEMOLE.	- · · · ·
	
	
	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2014

OMB No 1545-0047

Open to Public Inspection

Employer identification number 31-6030764▶Information about Schedule R (Form 990) and its instructions is at www.isc gov/form990. THE SPRINGFIELD FOUNDATION Name of the organization

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

Part

Direct controlling HE SPRINGFIELD HE SPRINGFIELD $\boldsymbol{\varepsilon}$ 0.FOUNDATION 0.FOUNDATION End-of-year assets <u>e</u> ٥. ٥. Total income ਉ Legal domicile (state or foreign country) OHIO OIHC TO SELL REAL ESTATE DONATED INTERPRET THE HARTMAN ROCK TO PRESERVE, MAINTAIN AND Primary activity TO THE SPRINFIELD FOUNDATION SARDEN THE SPRINGFIELD FOUNDATION REALTY ONE, LLC -46-3161498, 333 N. LIMESTONE ST., SUITE 201, 26-3766698, 333 N. LIMESTONE ST., SUITE 201, Name, address, and EIN (if applicable) PRIENDS OF THE HARTMAN ROCK GARDEN of disregarded entity SPRINGFIELD, OH 45503 SPRINGFIELD, OH 45503

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. Part

(a)	(q)	(၁)	(p)	(0)	(J)	(6)	6
Name, address, and EIN	Primary activity	Legal domicile (state or	Ð	Public charity	Direct controlling	control	2(0) 13) ed
of related organization		foreign country)	section	status (if section	entity	entlty	
				501(c)(3))		Yes	No
							!
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Form 990) 2014	Form 990	2014

432161 08-14-14 LHA

Page 2 31-6030764

Schedule R (Form 990) 2014 THE SPRINGFIELD FOUNDATION

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.

(=)	(4)	[3]	5			5	3	1	100	5	17
(e)	(a)	<u></u>	(e)			Ε	(6)	<u>E</u>	€ —		₹
Name, address, and EIN of related organization	Primary activity	domicile (state or foreign	Direct controlling entity	<u>_</u>		Share of total income	Share of end-of-year assets		amount in box 20 of Schedule		General or Percentage managing ownership
		country)		Sections	012-014)			Yes	-	λ γes No	
INVE											
ONE S.			COMMUNITY								
r, su	MANAGE REAL		MERCY HEALTH								
SPRINGFIELD, OH 45502	ESTATE	ОН	PARTNERS	RENT		1,838.	267,395,	×	N/A	×	33,33%
						•				-	
								1		1	
	•										
				·							
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.	ganizations Taxable a proporation or trust durin	is a Corpo	oration or Trust Co	mplete if the	e organization al	nswered "Yes'	on Form 990, I	Part IV, line	34 because it had	d one or mo	re related
(a)			(a)	(3)	6	9		£	(a)	Ξ	(E)
					The second			1777			
Name, address, and EIN of related organization		ב ב	Primary activity	Legal domicile (state or foreign	Ulrect controlling entity	Iype of entity (C corp, S corp, or trust)		Share of total income	Share of end-of-year assets	Percentage	512(b
											Yes No
								-			
									-		
				•							
								•	•		

Schedule R (Form 990) 2014

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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.				Yes No
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?	ns with one or more r	elated organizations listed	in Parts II-IV?	
a Receipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity	Y:			1a X
b Gift, grant, or capital contribution to related organization(s)				tb X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
 Loans or loan guarantees by related organization(s) 				1e X
f Dividends from related organization(s)				♦
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				th X
i Exchange of assets with related organization(s)				1i X
] Lease of facilities, equipment, or other assets to related organization(s)				1 _j
k Lease of facilities, equipment, or other assets from related organization(s)				×
	anization(s)			T X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n X
 Sharing of paid employees with related organization(s) 				to X
				ŧ
 Reimbursement paid by related organization(s) for expenses 				Tq X
r Other transfer of cash or property to related organization(s)				×
s Other transfer of cash or property from related organization(s)				1s X
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.	who must complete t	his line, including covered	relationships and transaction thresholds.	
1-1	14	8		
Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1)				
(2)				
(6)				
(4)				
(5)				
(9)				
432163 08-14-14	39		Schedule I	Schedule R (Form 990) 2014

31-6030764

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Page 4

Schedule R (Form 990) 2014 THE SPRINGFIELD FOUNDATION

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

Name, address, and EIN Primary activity of entity			2	(e	E	(B)	Ξ	E	9	3
		Legal domicile (state or foreign	Predominant income pa	Are all partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate	amount in box 20 managing ownership	General (managin	Percentag
		country)	sections 512-514)	Yes No	income	assets	Yes No	or schedule K-1 (Form 1065)	Yes	
				+			+		1	
					:		-		L	
				+			+		t	
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Schedule :	R (Form 990) 2014	THE	SPRINGFIELD	FOUNDATION		31-6030764	Page 5
Part VI	R (Form 990) 2014 Supplemental Info	rmation					
	Provide additional inform	nation for r	esponses to questions	on Schedule R (see instruc	ctions)		
				. , ,			
							
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Schedule I Part (1 Grants

EIN IRC Code Cash Grant Purpose of Grant or Assistance 04-9152382 501(C)(3) 5,000 CC - general support	37-1638754 501(C)(3) 10,000 General support	31-1031887 501(C)(3) 50 CC - in memory of Mary Ann Hecht 31-1031887 501(C)(3) 50 CC - Marni County Alzheimer's Walk (Carolyn Russ) 31-1031887 501(C)(3) 5,000 Operational Support for Clark County	530198805 501(C)(3) 600 CC - general support 530198605 501(C)(2) 5,000 Restricted to Dassater Services in Clark County 53019605 501(C)(3) 200 CC - \$100 for Clark County, \$100 for work in Liberta 530196605 501(C)(3) 500 CC - Annual Giving	31-0878021 Church 7,500 Operational Support	31-065898 501(C)(3) 125 CC - General use 31-0855868 501(C)(3) 5,000 Youth Mentoring (Clark County)	22-2855830 501(c)(3) 5,000 CC - general support	01-0227185 501(c)(3) 10,000 CC - Annual Fund	31-0585817 501(C)(3) 500 General Support 31-0585817 501(C)(3) 5,000 Treetop Quest Indoor Play Structure	04-2103550 501(c)(3) 25,000 CC - Unrestricted	23-7252047 501(c)(3) 28 000 Chy Connects Program 22-7252047 501(c)(3) 28 000 Chy Connects Program 22-7252047 501(c)(3) 28 0 CCHS Boosters Por of Odd Raffle 22-7252047 501(c)(3) 500 Capital Improvements 22-7252047 501(c)(3) 500 Capital Improvements 22-7252047 501(c)(3) 500 Capital Improvements 22-7252047 501(c)(3) 500 CC - Capital Cernpskin 22-7252047 501(c)(3) 500 CC - Capital Cernpskin 22-7252047 501(c)(3) 200 CC - Capital Cernpskin 22-7252047 501(c)(3) 100 CC - Capital Cernpskin 22-7252047 501(c)(3) 100 CC - Capital Cernpskin 22-7252045 501(c)(3) 100 CC - Capital Lamenory of Joan Foreman) 22-7252045 501(c)(3) 100 CC - Improvement Unit Managero 32-7252045 501(c)(3) 100 CC - Improvement Unit Managero 31-0536968 501(c)(3) 1,705 Assistance with Medical Bills	31-1843569 501(C)(3) 800 Holiday in the City Sponsorship 31-1643568 501(C)(3) 5,000 Operational Support 31-1843566 501(C)(3) 650 CC - General support	31-0561483 Church 1,650 CC - monthly gift 31-0561483 Church 50 CC - in memory of Evelyn Reed 31-0561483 Church 50 CC - in memory of Reverand David Allardyce 31-0561483 Church 25 CC - in memory of Reverand David Allardyce 31-0561483 Church 2150 General Support	31-0806202 501(C)(3) 1,000 Arts marketing 11-0806202 501(C)(3) 1,000 CC - Volth Society 1-0806202 501(C)(3) 1,000 CC - 2012 Water Society 1-0806202 501(C)(3) 50 CC - Refined support 1-0806202 501(C)(3) 50 CC - Heritage Center (in memory of Art Hannel III) 2.0 CC - Heritage Center (in memory of Atlan Barth 1-0806202 501(C)(3) 50 CC - Heritage Center (in memory of Atlan Barth 1-0806202 501(C)(3) 50 CC - Heritage Center (inches & Library) 1-0806202 501(C)(3) 50 CC - Heritage Center (inches & Library) 1-0806202 501(C)(3) 50 CC - Heritage Center (inches & Library) 1-0806202 501(C)(3) 50 CC - Heritage Center (inches & Library) 1-0806202 501(C)(3) 50 CC - Heritage Single S
Name, address, and zip 1 A Better Chance Inc,P O Box 212 Andover MA 01810	2 A Growing Cutture,P O Box 1286 Ashville, NC 28801	3 Alzheimer's Association 31 West Whipp Road Centerville, OH 45459 Alzheimer's Association,31 West Whipp Road Centerville, OH 45459 Alzheimer's Association,31 West Whipp Road Centerville, OH 45459	4 American Red Cross, 1830 North Limestione Sireet Springfield, OH 45503 American Red Cross, 1830 North Limestione Sireet Springfield, OH 45503 American Red Cross, 1830 North Limestione Sireet Springfield, OH 45503 American Red Cross, 1830 North Limestione Sireet Springfield, OH 45503	5 Beihel Churches United Food Panty, Clo First United Methodist Church 220 S Main Street New Carlisle, OH 45344	6 Big Brothers Big Sisters, 023 Burt Street. Springflett, OH 45505 Big Brothers Big Sisters 025 Burt Street. Springflett, OH 45505	7 Bhue Hill Hertlage Trust,P O Box 222 Bhue Hill, ME 04614	8 Blue Hill Memorial Hospital,57 Water Street Blue Hill, ME 04514	9 Boonshaft Museum of Discovery, 2800 Devivess Parkway Dayton, OH 45414 Boonshaft Museum of Discovery, 2800 Devivess Parkway Dayton, OH 45414	10 Boston Symphony Orchestra, Davelopment Office - BSO 301 Massachusetts Ave Bosion, MA 02115	11 Catholic Central High School,1200 E. High Street Springfield, OH 45505 Catholic Central High School,1200 E. High Street Springfield, OH 45505 Catholic Central High School,1200 E. High Street Springfield, OH 45505 Catholic Central High School,1200 E. High Street Springfield, OH 45505 Catholic Central High School,1200 E. High Street Springfield, OH 45505 Catholic Central High School,1200 E. High Street Springfield, OH 45505 Catholic Central High School,1200 E. High Street Springfield OH 45505 Catholic Central High School,1200 E. High Street Springfield OH 45505 Catholic Central High School,1200 E. 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High Street Springfield, OH 45503 Catholic Charlies 701 East Columba Street Springfield, OH 45503-4404 Catholic Charlies 701 East Columba Street Springfield, OH 45503-4404	12 Center City Association 225 North Fountain Avenue P O Box 1291 Springfield, OH 45501 Center City Association 225 North Fountain Avenue P O Box 1291 Springfield, OH 45501 Center City Association 225 North Fountain Avenue P O Box 1291 Springfield, OH 45501	13 Christ Episcopal Church, 409 East High Street Springfield, OH 45505 Christ Episcopal Church, 409 East High Street Springfield, OH 45505 Christ Episcopal Church, 409 East High Street Springfield, OH 45505 Christ Episcopal Church, 409 East High Street Springfield, OH 45505 Christ Episcopal Church, 409 East High Street Springfield, OH 45505 Christ Episcopal Church, 409 East High Street Springfield, OH 45505 Christ Episcopal Church, 409 East High Street Springfield, OH 45505	Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502 Clark Coump Historical Society, 117 South Fountian Avenue Springlield, OH 45502

5 000 Basic Literacy 100 CC - general support	300 CC - General support 500 CL Hombino Cry Scholars Program 600 CC - S500 student assistance \$100 Circle of Friends 2,000 Hollenbeck Beyley Creative Arts and Contenence Center 2,000 Hollenbeck Beyley Creative Arts and Contenence Center 2,000 CC - Unresidited (where needed most) 50 CC - Fallen Warnfor Memorial Project 400 CC - Annual Glving 2,000 CC - Creapion City Scholars Program 500 General Support 2,500 LOC - Scholarships 3,000 CC - Scholarships 3,000 CC - Scholarships 3,000 CC - Scholarships 3,200 Loby Mural 1,2,000 CC - Scholarships 2,200 Loby Mural 1,2,000 CD - Scholarships 2,200 Loby Wural 1,2,000 CC - Scholarships 2,200 Loby Wural 1,2,000 CC - Scholarships 2,200 Loby Wural 1,2,000 CC - Scholarships 2,200 Loby Wural 1,2,000 CC - Scholarships 2,200 Loby Wural 1,2,000 CC - Scholarships 3,200 Loby Stelen-Computerized Testing, Scoring and Analyzing System for SRSN 1,2,000 CD - Scholarships 3,200 Loby Stelen-Computerized Testing, Scoring and Analyzing System for SRSN	175 CC - Circle of Friends 5,000 2014-2015 Club Kuss Series, Exploration Series and Community Series 50 CC - general support 50 CC - Project Jericho (2014 Scare-e-Crow)	1,125 CC - general support 5,000 Praventing Teen Pregnancy 5 062 Operational Support	5,333 General support 200 CC - Annual Giving 7,500 Community Mercy Med Assist 10,000 Community Mercy Med Assist 10,000 CC - \$5,000 Med-Assist program, \$5,000 unrestricted 10,000 EC - Springfaller Charity Verse Show 10,000 Exclosine Endovascular System 250 CC - 2014 CMHP Gelf Classic (Donation Only)	50 CC - Springfield Regional Cancer Center (in memory of Susan Prendergast) 5,000 CC - General support	25 CC - In memory of Helen Goodyear 15,225 CC - General support 50 CC - general confribution 25 CC - In memory of Carol (Elliott) Kendig 25 CC - In memory of Carol (Elliott) 25 CC - In memory of Janet Shyder 1,000 CC - 2014 giving 2,000 CC - Quarterly gift	15,000 'Reaching New Heights' Campaign	20,000 Clark County Deaf Community Project 20,000 CC - Annual Fund	6 000 CC - Monthly gift 1 200 CC - general support	5,000 CC - General Support	5,250 Monthly gift 300 CC 1,050 CC general support 100 CC - in memory of Earl Dietrich	67,000 Agency Distribution	5,000 CC - Unrestrated gift	150 CC - Sprayground (in memory of Mary Beth Hellmuth) 100 CC - general support 10,000 General support	5,000 CC - College Dean's Excellence Fund	6,782 Annual Agency Distribution 5,000 Outdoor School Scholarship Program 100 CC - general support
31-1266695 501(C)(3) 31-1266695 501(C)(3)	31-0837038 501(C)(3) 31-0837038 501(C)(3)	31-0734597 501(c)(3) 31-0734587 501(c)(3) 31-0734587 501(c)(3) 31-0734587 501(c)(3)	31-1181991 501(C)(3) 31-1181991 501(C)(3) 23-7228470 501(C)(3)	31-1443778 501(C)(3) 31-1443778 501(C)(3) 31-1443778 501(C)(3) 31-1443778 501(C)(3) 31-1443778 501(C)(3) 31-1443778 501(C)(3) 31-1443778 501(C)(3)	31-0785684 501(c)(3) 31-0785684 501(c)(3)	31-0543289 Church 31-0543289 Church 31-0543289 Church 31-0543289 Church 31-0543289 Church 31-0543289 Church 31-0543289 Church 31-0543289 Church		20-5202138 501(C)(3) 01-0211501 501(C)(3)	31-0818452 Church 31-0818452 Church	22-2815597 501(c)(3)	31-0586409 Church 31-0586409 Church 31-0586409 Church 31-0586409 Church	31-6001213 Church	23-7361263 501(c)(3)	46-0762558 501(C)(3) 46-0762558 501(C)(3) 46-0762558 501(C)(3)	53-0196603 501(c)(3)	31-0963193 501(C)(3) 31-0963193 501(C)(3) 31-0963193 501(C)(3)
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75 Annual Fund 120 Raptor rehabilitation and education 100 CC - Area of greatest need 5,000 CC - General Support 45 CC - Annual Fund	33,333 STEM Academy Year 2 of 3	5,000 Child Screening Services 2,500 Job Comm 5,000 CC - General Support	25 CC - in memory of look Kaech	38	12,880 CC - general support 7 000 CC - \$2000 Expansion project \$5000 peneral support	် လ	3,000 CC - Ministry Expansion Project 7,000 CC - Ouerferty off plus \$2,000 expansion	888	500 General support 2,821 General Use	5,500 African American Heart Health	10,000 CC - 2 x "The Ark"	150 CC - Choir (in memory of Donn Dietrich)	150 CC - general support 658 General Support 7.257 Reproduction Reduction Program 250 CC - in honor of Nancy Chaney 50 CC - in memory of Kim Spitler	3,000 Operational Support 300 CC - generations 880 CC - general use 880 CC - general support 350 CC - golf marathon	5,000 CC - general support	500 Landscaping Project 4,500 Audio System	5,000 CC - General use	1 700 CC - general support 50 CC - Kindergarlen program 2,000 CC - Harry Tumer Leadership Gliving Circle for 2013-2014 150 CC - Annual Beard member conflibution 5,000 Operational Support for Clark County	6,000 Operational Support 100 CC - general support	5,000 CC - Unrestricted	25,000 General support	20,000 CC - general support	10,000 CC - unrestricted gift	150 CC - Spray Park (in honor of Ann & Glenn Coller's 50th Wedding Anniversary) 25 CC - In honor of Torn Lotis birthday 50 CC - Plant a free in appreciation of Judy McGregor 50 CC - Spray Zone in memory of Mary Beth Helmuth 24 OC CC - general support 350 CC - Judy 4th public fireworks 500 20th Annuel Old Fashloned Country Fireworks 500 20th Annuel Old Fashloned Country Fireworks 100 CC - Spray Zone (in memory of Mary Beth Helmuth) 10 000 NTFRD Chiller te Arens 1,000 Firends of Snyder Park "Sprayground"
26-1672457 501(c)(3) 26-1672457 501(c)(3) 26-1672457 501(c)(3) 26-1672457 501(c)(3) 26-1672457 501(c)(3)	46-1489475 501(C)(3)	31-0537112 501(C)(3) 31-0537112 501(C)(3) 31-0537112 501(C)(3)	31-8001683 Church 31-8001683 Church	31-5001693 Church	31-6001693 Church	31-8001693 Church	31-6001693 Church	31-6001693 Church 31-6001693 Church	31-0973967 501(c)(3) 31-0973967 501(c)(3)	45-3817356 501(c)(3)	35-1019477 501(c)(3)	31-0549052 Church	31-600538 501(C)(3) 31-600538 501(C)(3) 31-600538 501(C)(3) 31-600538 501(C)(3) 31-600538 501(C)(3)	31-1315785 501(C)(3) 31-1315785 501(C)(3) 31-1315785 501(C)(3) 31-1315785 501(C)(3)	04-2104334 501(C)(3)	31-6035828 501(C)(3) 31-8035828 501(C)(3)	31-1662807 501(C)(3)	31-0587416 501(C)(3) 31-0587416 501(C)(3) 31-0587416 501(C)(3) 31-0587416 501(C)(3) 31-0587416 501(C)(3)	34-1485732 501(C)(3) 34-1485732 501(C)(3)	23-7098105 501(c)(3)	08-0646786 501(c)(3)	81-0501614 501(c)(3)	81-0472379 501(c)(3)	31-6000056 Government 31-6000056 Government 31-6000056 Government 31-6000056 Government 31-6000056 Government 31-6000056 Government 31-6000056 Government 31-6000056 Government 31-6000056 Government

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Se Ohio Equine and Agricultural Association, 4122 Laybourne Road Springfield, OH 45505 60 Ohio State University Foundation, Office of University Developme PO Box 710811 Columbus, OH 43271-0811 Ohio State University Foundation, Office of University Developme PO Box 710811 Columbus, OH 43271-0811 Ohio State University Foundation, Office of University Developme PO Box 710811 Columbus, OH 43271-0811 On-The-Rise, 4177 Dialaon Road Syndipleti, OH 45502 On-The-Rise, 4177 Dialaon Road Springfield, OH 45502 On-The-Rise, 4177 Dialaon Road Springfield, OH 45502 On-The-Rise, 4177 Dialaon Road Springfield, OH 45502 On-The-Rise, 4177 Dialaon Road Springfield, OH 45502 On-The-Rise, 4177 Dialaon Road Springfield, OH 45502	38-365557 501(C)(3) 31-1145808 501(C)(3) 04-375044 501(C)(3) 04-375044 501(C)(3) 04-375044 501(C)(3) 04-375044 501(C)(3)	5,000 Operational Support 100 CC - FD-Medicine 312022 10,000 Buck-4-SERV Program Fund #312757 5,000 Operational Support 23 CC - In memory of IR Keech 50 CC - In memory of IR Keech 50 CC - In memory of IR Keech 50 CC - In memory of IR Keech
61 Pertners in Heath, 888 Commonwealth Ave 3rd Floor Boston MA 02215 82 Pike Township, Clark County, 11766 Troy Rd New Cerlisle, OH 45344 63 Planned Perenthood Federation of America, 434 W 33rd St New York, NY 10001 Planned Perenthood Federation of America, 434 W 33rd St New York, NY 10001	04-3567502 501(C)(3) 31-0707774 Government 13-1644147 501(C)(3) 13-1644147 501(C)(3)	30,000 CC - Community Health Workers in Rwanda 5 000 CC - general support 25 000 CC - unrestricted 409 General Support
Me Planned Parenthood Southwest Ohio Region, 2314 Aubum Ave Cincinnati, OH 45219 Planned Parenthood Southwest Ohio Region, 2314 Aubum Ave Cincinnati, OH 45219 65 Prevent Blindness, 1500 W Third Avenue Columbus, OH 43212 66 Project Woman, 525 East Home Road Springfield, OH 45503 Project Woman, 525 East Home Road Springfield, OH 45503 Project Woman, 525 East Home Road Springfield, OH 45503 Project Woman, 525 East Home Road Springfield, OH 45503	31-053888 501(C)(3) 31-0538688 501(C)(3) 383867121 501(C)(3) 23-7381085 501(C)(3) 23-7381085 501(C)(3) 23-7381085 501(C)(3) 23-7381085 501(C)(3)	3,000 Operational Support for Clark County 200 CC - general support 5,000 Vision Care Outreach (for Clark County) 25 CC - general support 4,370 Operational Support 1,000 Grant from Mental Health Foundation 30 CC - in memory of June Shaffer
67 Rick White's Rising Stars LLC,2800 Whray Ridge Dr. Springfield, OH 45502 88 Riding Centre,1117 E. Hyde Road Yellow Springs. OH 45387 89 Rocking Horse Community Health Center,651 South Umestione Street. Springfield, OH 45505 Rocking Horse Community Health Center,651 South Umestione Street. Springfield, OH 45505 70 Ronald McDonald House Charitles,555 Valloy Street. Dayton, OH 45404-1857	27-1616108 501(C)(3) 31-0835665 501(C)(3) 31-1593544 501(C)(3) 31-1593544 501(C)(3) 31-0864783 501(C)(3)	12,870 CC - Scoreboard 6,000 Therapeutic Riding Program 10,500 Champ Care 50 CC - general support 5,000 The Ronad McDonad House Program (For Clark County Families)
71 Retary Club Foundation of Springfield, Ohio P O Box 608 Springfield, OH 45501 Retary Club Foundation of Springfield, Ohio P O Box 608 Springfield, OH 45501 Retary Club Foundation of Springfield, Ohio P O Box 608 Springfield, OH 45501 Retary Club Foundation of Springfield, Ohio P O Box 608 Springfield, OH 45501 Retary Club Foundation of Springfield, Ohio P O Box 608 Springfield, OH 45501 Retary Club Foundation of Springfield, Ohio P O Box 608 Springfield, OH 45501 Retary Club Foundation of Springfield, Ohio P O Box 608 Springfield, OH 45501 Retary Club Foundation of Springfield, Ohio P O Box 608 Springfield, OH 45501 Retary Club Foundation of Springfield, Ohio P O Box 608 Springfield, OH 45501 Retary Club Foundation of Springfield, Ohio P O Box 608 Springfield, OH 45501	31-0871453 501(C)(3) 31-0871453 501(C)(3) 31-0871453 501(C)(3) 31-0871453 501(C)(3) 31-0871453 501(C)(3) 31-0871453 501(C)(3) 31-0871453 501(C)(3) 31-0871453 501(C)(3) 31-0871453 501(C)(3)	1,375 CC - 2014-2015 Welfare Fund 7,500 Services to People with Disabilities 29,440 Agency Quarterity Distribution 1,050 CC - assistance to purches extended mobility van 1,050 Conversion van for Disabled 850 Medical Europarent-Elevated Wheekchair 2,500 Eiben Jochum Scholarship 500 CC - Pleyground 1,500 Rosseann Terbay Scholarship
72 Sanibel Captiva Conservation Foundation,P O Box 639 Sanibel Island, FL 33957 73 Second Harvest Food Bank,701 E Columbia St. Springflett, OH 45503-4404 8-cond Harvest Food Bank,701 E Columbia St. Springflett, OH 45503-4404 Second Harvest Food Bank,701 E Columbia St. Springflett, OH 45503-4404 Second Harvest Food Bank,701 E Columbia St. Springflett, OH 45503-4404	\$6-1205087 501(c)(3) 31-0538868 501(C)(3) 31-0538868 501(C)(3) 31-0538888 501(C)(3) 31-0538888 501(C)(3)	25,000 CC - Valade Challenge Grant 7,500 Modicitication of Facility to Achieve AIB Food Safety Standards 2,275 CC - general support 100 CC - in honor of Yom and Mary Lou Loftls 100 CC - general support

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      74 Sherriil House, 135 South Huntington Ave Boston, MA 02130
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15,000 General Support 4,445 CC - General use 32,100 CC - Summer Arts Festival	1 000 General Support 500 CC - Broadway in the Park 430 CC - 2014 Broadway in the Park 100 CC - Pariner level donation 107,625 Agency Distribution 107,625 Agency Distribution 3,600 ALS Services 70.215 Summer Arts Festival and Broadway & Beyond Series 1,000 CC - 2014 Contribution	56 Alumni of Disinction Award 4,648 Project Springboard Childcare Expenses 250 CC - Mock Trial Team 600 CC - Snowfill Elementary Libery Books 600 CC - Awards of Excellence 270 FBO Kenwood Elementary School-Outdoor Education Program at Glen Helen Education Center	10 000 Financial Assistance Program 50 CC - 2013-2014 campaign 3,100 CC - ceneral use 500 CC - Aerobic Room 5,000 CC - 2014 operating needs 5,000 CC - 2014 operating needs 250 V Storno Campaign 20 000 Phase 3 Cardiac Rehab Program 800 CC - Family Time Equipment	4 213 CC - general support 50 CC - 500 Level 200 General Support 500 Denetal Support 500 Denetal Support 500 Denetal Support 500 CC - in memory of Marion Robertson 5 500 CC - brainly Plus 5 500 CC - brainly Plus 5 500 CC - Parion Level 7 5 CC - Family Plus 5 500 CC - Parion Level 7 5 CC - Family Plus 5 500 General Use	5 000 Operational Support 100 CC - 2014 Donation 100 CC - 2014 Donation 100 CC - 2014 Donation 100 CC - 2014 Contribution 2 500 CC - 2014 Contribution 1,500 CC - 3 cancel support 5,000 Operational Support 5,000 CC - Students support 2,000 C - Students at the Symphony for 2014-2015 (\$2,000) Mozart Family Concert (\$1,000) 5,000 CC - Students at the Symphony of 2014-2015 (\$2,000) Mozart Family Concert (\$1,000) 5,000 CC - Students at the Symphony 1,000 Lucho to the Lawn 25 CC - In neurony of Judy Summers 1,000 Lucho to the Lawn 26 CC - In neurony of Judy Summers 27,000 Springfield Youth Symphony 28 CC - In neurony of Judy Summers 29 CC - In neurony of Judy Summers 20 CC - In neurony of Judy Summers 2	50 CC Renovation Fund in memory of Debra DavMit 25 CC - SI Rephael's Church Building Fund in memory of Joan Foreman 7,500 CC - Restoration-Preserving Our Faith Campaign 10,000 CC - Raiph Untener Scholarship Fund 10,000 Operational Support eo CC - membership (supporter)
	31-6077714 501(c)(3) 31-6077714 501(c)(3) 31-6077714 501(c)(3) 31-6077714 501(c)(3) 31-6077714 501(c)(3) 31-6077714 501(c)(3)	31-6000973 Government 31-6000973 Government 31-6000973 Government 31-6000973 Government 31-6000973 Government	31-0537189 501(C)(3) 31-0537189 501(C)(3) 31-0537189 501(C)(3) 31-0537189 501(C)(3) 31-0537189 501(C)(3) 31-0537189 501(C)(3) 31-0537189 501(C)(3)	31-8001642 501(C)(3) 31-8001642 501(C)(3)	35-236204 501(C)(3) 35-236204 501(C)(3) 35-236204 501(C)(3) 31-6000540 501(C)(3) 31-6000540 501(C)(3) 31-6000540 501(C)(3) 31-6000540 501(C)(3) 31-6000540 501(C)(3) 31-6000540 501(C)(3) 31-6000540 501(C)(3) 31-6000540 501(C)(3) 31-6000540 501(C)(3) 31-6000540 501(C)(3) 31-6000540 501(C)(3) 31-6000540 501(C)(3) 31-6000540 501(C)(3) 31-6000540 501(C)(3) 31-6000540 501(C)(3) 31-6000540 501(C)(3) 31-6000540 501(C)(3) 31-6000540 501(C)(3)	31-0537091 Church 31-0537091 Church 31-0537091 Church 31-0537113 501(C)(3) 31-1078646 501(C)(3)

50,000 CC - Capital Campaign 8,000 CC - General Support

31-1313236 501(C)(3) 100 CC - Conservationist 31-131329 501(C)(3) 50 CC - in memory of Gerald Schmenk 31-1313296 501(C)(3) 4,000 Operational Support 31-1313236 501(C)(3) 2,250 CC - General Support	31-0580419 Church 750 CC - in gratilude for Steve Brokly's role in leading High Holiday services 31-0580419 Church 50 CC - in gratilude for Steve Brokly's role in leading High Holiday services 31-0580419 Church 50 CC - in memory of Reda Singer 31-0580419 Church 50 CC - Thank those who organized Rosh Hashanah Oneg and Yom Kippur Bread the Fasi 31-0580419 Church 50 CC - In memory of Pauline Broock	04-2104652 501(c)(3) 5,000 CC - general support	31-6401599 Government	13-5623251 501(C)(3) 7,500 Summer Day Camp For Children With Disabilities in Clark County, Ohio 13-562351 501(C)(3) 120 Springfield, OH General Support 31-0747271 501(C)(3) 5,000 Retired & Senior Volunteer Program (RSVP) 31-0747271 501(C)(3) 1,000 Bulk tute lassistence 31-0747271 501(C)(3) 2,500 C- if Training and State St	enter Street, 2nd Floor P O Box 58 Springfield, OH 45501 31-05480965 501(C)(3) 5,000 Community Services 13-14 Budget to support 211 services in Madison County enter Street, 2nd Floor P O Box 58 Springfield, OH 45501 31-0548095 501(C)(3) 4,000 CC - 2013 Campaign Year enter Street, 2nd Floor P O Box 56 Springfield, OH 45501 31-0548095 501(C)(3) 4,000 CC - 2013 Campaign Year enter Street, 2nd Floor P O Box 56 Springfield, OH 45501 31-0548095 501(C)(3) 2 000 C2 -1 Burson Society 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	31-6000889 Government 100 CC - College of Law (Law Review Fund) 31-6000889 Government 200 CC - Criminal Justice Program	14-1338587 501(c)(3) 50,000 CC - Annual Fund - Presidents Circle 14-1338587 501(c)(3) 50,000 CC - Annual Fund 2014-15	31-0577863 501(C)(3) 5,000 Families and Schools Togelher (FAST) 31-0577863 501(C)(3) 538 Agency Fund Annual Distribution 31-0577893 501(C)(3) 5,000 SPARK (Supporting Pennerships to Assure Ready Kids) Program	31-174711 501(C)(3) 1,400 CC - Annual Fund (Westcott Garden Friends) 31-174711 501(C)(3) 1,000 Directors Grant Westcott House - Stained glass panels artifacts 31-174711 501(C)(3) 2.50 Openializal Support 31-174711 501(C)(3) 1331 Annual Distribution from Springfield Preservation Alliance Endowment 31-174711 501(C)(3) 100 CC - Paristis Society Donor level 31-174711 501(C)(3) 100 CC - Furniture 31-174711 501(C)(3) 100 CC - Walking Tours	04-2104397 501(C)(3) 10 000 CC - general support	31-0537177 501(c)(3) 100 CC - Wittenberg Fund 31-0537177 501(c)(3) 1000 general support 31-0537177 501(c)(3) 1000 general support 31-0537177 501(c)(3) 5.000 CC - Gmres-Counts Scholarship Fund 31-0537177 501(c)(3) 1,000 CC - Gmmunity Fundment Internaliship Program 31-0537177 501(c)(3) 1,000 CC - 501 Reunion (Class of 1864) 31-0537177 501(c)(3) 1,000 Wittenberg Ammuli Scholarship Fund 31-0537177 501(c)(3) 25 000 CC - Assist in supporting certain club sports 31-0537177 501(c)(3) 25 000 CC - In memory of Dr. Stanley Micket 31-0537177 501(c)(3) 200 General Fund 31-0537177 501(c)(3) 200 General Fund 31-0537177 501(c)(3) 200 General Fund 31-0537177 501(c)(3) 200 General Fund 31-0537177 501(c)(3) 200 General Fund 31-0537177 501(c)(3) 200 General Fund	31-0538840 501(C)(3) 850 CC - general support 31-0538840 501(C)(3) 5,000 Clark County Reporter
Tecumseh Land Trust,PO Box 417 Yellow Springs OH 45387 Tecumseh Land Trust,PO Box 417 Yellow Springs, OH 45387 Tecumseh Land Trust,PO Box 417 Yellow Springs, OH 45387 Tecumseh Land Trust,PO Box 417 Yellow Springs, OH 45387	65 Temple Shobom,2424 North Limestone Street Springfletd, OH 45503 Temple Shobom,2424 North Limestone Street Springfletd, OH 45503 Temple Shobom,2424 North Limestone Street Springfletd, OH 45503 Temple Shobom,2424 North Limestone Street Springfletd, OH 45503 Temple Shobom,2424 North Limestone Street Springfletd, OH 45503 Temple Shobom,2424 North Limestone Street Springfletd, OH 45503	89 The Bosion Aihenaeum, 10 1/2 Beacon St. Boston, MA 02108	80 The Ohlo State University, Student Academic Services Bidg, 2nd Floor 281 W Lane Ave Columbus, OH 43210	91 The Sahration Army,440 West Nyack Road West Nyack, NY 10994 The Sahration Army,440 West Nyack Road West Nyack, NY 10994 The Sahration Army,440 West Nyack Road West Nyack, NY 10994 Outled Senior Services, 101 South Fountian Avenue Springlied OH 45502 United Senior Services, 101 South Fountian Avenue Springlied, OH 45502 United Senior Services, 101 South Fountian Avenue Springlied, OH 45502 United Senior Services, 101 South Fountian Avenue Springlied, OH 45502	93 United Way of Clark, Champaign, and Madison Couniles, Inc., 120 South Center Street, 2nd Flo United Way of Clark, Champaign, and Madison Couniles, Inc., 120 South Center Street, 2nd Flo United Way of Clark, Champaign, and Madison Couniles, Inc., 120 South Center Street, 2nd Flo United Way of Clark, Champaign, and Madison Couniles, Inc., 120 South Center Street, 2nd Flo United Way of Clark, Champaign, and Madison Couniles, Inc., 120 South Center Street, 2nd Flo United Way of Clark, Champaign, and Madison Couniles, Inc., 120 South Center Street, 2nd Flo United Way of Clark.	94 University of Chrishnati, PO Box 210125. Cinclinati OH 45221. University of Chrishnati, PO Box 210125. Cinclinati, OH 45221	85 Vassar Collego, Box 725 Poughkeepsie, NY 12804 Vassar Collego, Box 725 Poughkeepsie, NY 12804	96 Weißpring, 1.5 East Pleasant Street Springliebt, OH 45506 Weißpring, 1.5 East Pleasant Street Springliebt OH 45506 Weißpring, 1.5 East Pleasant Street Springliebt, OH 45506	97 Westcoff House Foundation, 1340 East High Street Springfield, OH 45505 Westcoff House Foundation, 1340 East High Street Springfield, OH 45505 Westcoff House Foundation, 1340 East High Street Springfield, OH 45505 Westcoff House Foundation, 1340 East High Street Springfield, OH 45505 Westcoff House Foundation, 1340 East High Street Springfield, OH 45505 Westcoff House Foundation, 1340 East High Street Springfield, OH 45505 Westcoff House Foundation, 1340 East High Street Springfield, OH 45505 Westcoff House Foundation, 1340 East High Street Springfield, OH 45505	88 WGBH,P O Box 55875 Boston, MA 02205	99 Willenberg University, Advancement Office P O Box 720 Springflek), OH 45501 Willenberg University, Advancement Office P O Box 720 Springflek), OH 45501 Willenberg University, Advancement Office P O Box 720 Springflek), OH 45501 Willenberg University, P O Box 720 Springflek), OH 45501 Willenberg University, P O Box 720 Springflek) OH 45501 Willenberg University, Advancement Office P O Box 720 Springflek), OH 45501 Willenberg University, Advancement Office P O Box 720 Springflek), OH 45501 Willenberg University, Advancement Office P O Box 720 Springflek), OH 45501 Willenberg University, P O Box 720 Springflek), OH 45501 Willenberg University, P O Box 720 Springflek), OH 45501 Willenberg University, P O Box 720 Springflek), OH 45501 Willenberg University, P O Box 720 Springflek), OH 45501 Willenberg University, P O Box 720 Springflek), OH 45501 Willenberg University, P O Box 720 Springflek), OH 45501	100 WYSO Public Radio,150 East South College Sireet Yellow Springs, OH 45387 WYSO Public Radio,150 East South College Sireet Yellow Springs, OH 45387

Form 8868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No. 1545-1709

•	re filing for an Automatic 3-Month Extension, complet					► LX.			
	re filing for an Additional (Not Automatic) 3-Month Ex								
	mplete Part II unless you have already been granted a								
	c filing _(e-file). You can electronically file Form 8868 if y								
-	o file Form 990-T), or an additional (not automatic) 3-mor								
	file any of the forms listed in Part I or Part II with the exc	•							
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	stronic filing of th	is form,			
visit www	irs gov/efile and click on e-file for Charities & Nonprofits								
Part I	Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	eded).					
A corpora	tion required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and	complete					
Part I only	<i>(</i>					▶ □			
	corporations (including 1120-C filers), partnerships, REM	ICs, and to	rusts must use Form 7004 to reques	st an exten	sion of time				
to file inco	ome tax returns.		-·	Enter file	er's identifying n	umber			
Type or	Name of exempt organization or other filer, see instru-	Employe	Employer identification number (EIN) or						
print									
Tile hir the	THE SPRINGFIELD FOUNDATION	31-6030764							
File by the due date for	Number, street, and room or suite no If a P O. box, so	Social se	SN)						
filing your return See	333 N LIMESTONE ST STE 201								
nstructions	City, town or post office, state, and ZIP code. For a fo	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
	SPRINGFIELD, OH 45503								
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1			
		-	,						
Applicati	on	Return	Application		Return				
ls For		Code	Is For		Code				
	or Form 990-EZ	01	Form 990-T (corporation)	07					
Form 990		02	Form 1041-A	08					
	0 (individual)	03	Form 4720 (other than individual)	09					
Form 990		04	Form 5227	10					
Form 990-T (sec 401(a) or 408(a) trust)			Form 6069	11					
	-T (trust other than above)	05 06	Form 8870						
0.111	JOYCE DAWSON					12			
• The ho	ooks are in the care of > 333 N LIMESTONE	S ST S	STE 201 - SPRINGFT	ELD.	он 45503				
	one No. ► (937) 324-8773		Fax No. ▶	,					
-	organization does not have an office or place of business	o in the Lir				\blacksquare			
	s for a Group Return, enter the organization's four digit (lf thus us fo	r the whole groun	s abook this			
box ▶ [If it is for part of the group, check this box								
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1 116			tion return for the organization name		The evelences				
10.50		t organiza	non return for the organization ham	eu above	THE EXTENSION				
	is for the organization's return for □ X calendar year 2014 or tax year beginning , and ending								
	tax year beginning	, an	d ending		_				
O 15.4L	a tau waan antanad in line d in fan laan than 10 maatha in	 		C l	_				
2 If th	te tax year entered in line 1 is for less than 12 months, c	neck reas	on:	Fınal retur	П				
	L Change in accounting period is application is for Forms 990-BL, 990-PF, 990-T, 4720,	0000							
		Λ							
	refundable credits. See instructions.	3a	\$	0.					
	this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and stimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$								
_	mated tax payments made Include any prior year overp		0.						
	ance due. Subtract line 3b from line 3a. Include your pa			^					
	using EFTPS (Electronic Federal Tax Payment System).			3c		0.			
Caution.	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 8879-EC	for payment			

Form 8868 (Rev. 1-2014)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.