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Department of the

Internal Revenue Service

Treasury

DLN: 93493313000186

2015

OMB No 1545-0047

Open to Public Inspection

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

A F	or the 20	.5 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-20	15				
B Che	eck if appli	able C Name of organization TOLEDO COMMUNITY FOUNDATION INC		D Empl	loyer id	lentification number	
_	ldress char	ge		23-7	72840	04	
	me chang	Doing business as					
FII In	itial return			E Telep	hono nu	ımhar	
	terminate	Number and street (or P O box if mail is not delivered to street address) Room/s 300 MADISON AVENUE SUITE 1300	uite				
	ended reti	m		(419) 241	-5049	
Ap	olication pe	City or town, state or province, country, and ZIP or foreign postal code TOLEDO, OH 43604		G Gross	receipt	s \$ 21,528,288	
		F Name and address of principal officer	H(a) To the				
		KEITH BURWELL	H(a) Is th	rdinates		m lor	
		300 MADISON AVENUE SUITE 1300 TOLEDO,OH 43604	No				
 I Ta:	x-exempt	· · · · · · · · · · · · · · · · · · ·	H(b) Are a	all suboro ided?	dinates	Yes No	
			I		h a lıs	t (see instructions)	
J W	ebsite: P	WWW TOLEDOCF ORG	H(c) Gro	up exemp	otion n	umber ▶	
K Forr	n of organ	ration ✓ Corporation Trust Association Other	L Year of fo	ormation 1	1973	M State of legal domicile O	
Pa	rt I	Summary					
		y describe the organization's mission or most significant activities					
Governance	AND	PRIMARY EXEMPT PURPOSE OF THE ORGANIZATION IS TO ENRICH SOUTHEAST MICHIGAN BY PROVIDING FINANCIAL SUPPORT TO IN NGING NEEDS OF OUR REGION	-				
Ē							
o Ve	2 Che	ck this box ▶ ┌─ if the organization discontinued its operations or disposed	of more than	25% of 1	tc net	accetc	
		the diganization discontinued its operations of disposed	or more than	23 /0 011	ts net	a55CL5	
Activities &	3 Nur	ber of voting members of the governing body (Part VI, line 1a)		3	14		
Ę,	4 Nur	ber of independent voting members of the governing body (Part VI, line 1b		4	14		
Ç	5 Tot	I number of individuals employed in calendar year 2015 (Part V, line 2a)		5	20		
Q.	6 Tot	I number of volunteers (estimate if necessary)			6	14	
		I unrelated business revenue from Part VIII, column (C), line 12			7a	0	
	b Net	nrelated business taxable income from Form 990-T, line 34			7b		
				or Year		Current Year	
Q)		ontributions and grants (Part VIII, line 1h)	16,828		15,539,64		
n La		rogram service revenue (Part VIII, line 2g)		0			
Ravenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	•	5,731		4,412,579	
_		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,447	,915	1,576,06	
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), lii 2)	ne	24,007	,631	21,528,288	
	13 (rants and similar amounts paid (Part IX, column (A), lines 1–3)		10,374	,376	13,900,91	
	14 E	enefits paid to or for members (Part IX, column (A), line 4)			0		
S		alaries, other compensation, employee benefits (Part IX, column (A), lines		1,235	737	1,401,66	
Se		-10)			0		
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	•		0		
Δ		otal fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 10,991 ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,215	962	2,198,83	
		otal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	•	13,826		17,501,41	
		evenue less expenses Subtract line 18 from line 12		10,181		4,026,87	
χ φ χ						<u> </u>	
anc anc			Beginning	or Curren	с теаг	End of Year	
Ass. Bal		otal assets (Part X, line 16)		131,052	-	135,094,85	
Net Assets or Fund Balances		otal liabilities (Part X, line 26)	•		,045	24,970	
		et assets or fund balances Subtract line 21 from line 20		131,043	,012	135,069,88	
		Signature Block s of perjury, I declare that I have examined this return, including accompa	nyıng schedul	es and st	tateme	ents, and to the best of	
my kı	nowledge	and belief, it is true, correct, and complete Declaration of preparer (other in the property of the property o				•	
		*****		016-09-29			
Sign		Signature of officer	D	ate			
Here	·	DAVE F WATERMAN CHAIRMAN					
		Type or print name and title					

Preparer's signature KRIS C BOTTLES CPA

Firm's name REHMANN ROBSON LLC

Firm's address ► 5555 AIRPORT HWY STE 200

TOLEDO, OH 43615

Print/Type preparer's name KRIS C BOTTLES CPA

Paid

Preparer

Use Only

Check

ıf self-employed

Firm's EIN ▶ 38-3635706

Phone no (419) 865-8118

Date 2016-09-29

PTIN P00446965

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Form 990 (2015)

Form	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🙎	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😕	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🙎	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			No.

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, Pait V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 😼 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🛸

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 为

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 🛸

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 🐒

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

14a Did the organization maintain an office, employees, or agents outside of the United States?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

negotiation services? If "Yes," complete Schedule D, Part IV 🛸 .

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🛸

16

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

29

instructions for applicable filing thresholds, conditions, and exceptions)

Part IV Checklist of Required Schedules (continued)

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 😏

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

member of any of these persons? If "Yes," complete Schedule L, Part III

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

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

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

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

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

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

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔀 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

21

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part 22

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24a

24b

24c

24d

25a

25b

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28a

28b

28c

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Form 990 (2015)

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orm	990 (2015)			Page \$
Pai	t 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 25		162	NO
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
h	by this return	2b	Yes	
	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?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible?	65		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
	Form 1098-C?	7h		
Ū	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	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)			
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
С	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	 14a		I No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

year by the following

Section C. Disclosure

Part

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VI Governance, Management, and Disclosure	

describe the circumstances, processes, or changes in Schedule O. See instructions. Chack if Cabadula O contains a response or note to any line in this Dart VI

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

	effect if seffedule of contains a response of flote to any fine in this fact vi	<u> </u>	 	 <u> </u>		 <u> </u>	•
Se	ction A. Governing Body and Management			, and the second			
						Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee						

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14	

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

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? Did the organization make any significant changes to its governing documents since the prior Form 990 was

Did the organization have members or stockholders?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

b Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates?

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

Did the organization have a written document retention and destruction policy?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

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

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

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

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?

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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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

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

			Yes	
	1a	14		
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Form 990 (2015)

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) MR DAVID F WATERMAN	0 75	x		×				0	0	0
CHAIRMAN	0 75									
(2) ANTHONY J ARMSTRONG MD	0 75									
VICE CHAIRMAN	0 75	Х		×				0	0	0
(3) MR SCOTT ESTES TREASURER	0 75 0 75	х		×				0	0	0
(4) MS RITA MANSOUR	0 75									
SECRETARY	1 00	Х		×				0	0	0
(5) MR MICHAEL J ANDERSON TRUSTEE	0 75 0 75	х						0	0	0
(6) MR PARISS M COLEMAN II	0 75	x						0	0	0
TRUSTEE	0 75									
(7) MR MATTHEW S KANG	0 75	x						0	0	0
TRUSTEE	0 75									
(8) MR JIM HOFFMAN TRUSTEE	0 75 0 75	×						0	0	0
(9) MARK LUETKE	0 75	x						0	0	0
TRUSTEE	0 75									
(10) MARY WERNER	0 75	х						0	0	0
TRUSTEE	0 75									
(11) GRANGER SOUDER TRUSTEE	0 75	x						0	0	0
(12) ERIK S FANKHAUSER	0 75 0 75									
TRUSTEE	0 75	Х						0	0	0
(13) MR L ZAC ISAAC TRUSTEE	0 75	х						0	0	0
(14) MS SUSAN FARRELL PALMER	0 75							_	_	_
TRUSTEE	0 75	Х						0	0	0
										Form 990 (2015)

(A)

Νo

(F)

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

(B)

(C)

(D)

(E)

Name and Title	A verage hours per week (list any hours for related	hours per week (list any hours for related more than one box, unless person is both a officer and a director/trustee)							Reportable compensation from relate organization (W- 2/1099		oth compei from	unt of ner nsation n the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)		organi and re organiz	
(15) KEITH BURWELL	50 00			х				185,127		0		46,716
PRESIDENT	2 00							100,127				10,710
(16) KIMBERLY CRYAN CHIEF FINANCIAL OFFICER	45 00			х				129,452		0		25,639
(17) KATHERINE ENRIGHT DIRECTOR OF ASPIRE	37 50					х		109,786		0		5,367
1b Sub-Total				▶			l					
c Total from continuation sheets to Part VI	·			•				21.055				
d Total (add lines 1b and 1c)	<u> </u>	•	•	>			4	24,365	0			77,722
Total number of individuals (including but \$100,000 of reportable compensation from			ed al	bove	e) w	ho red	ceiv	ed more than				
											Yes	No
3 Did the organization list any former officer on line 1a? <i>If "Yes," complete Schedule J for</i>	•						_		employee	3		No
4 For any individual listed on line 1a, is the sorganization and related organizations gre-									n the			
individual • • • • • • •					Jiπp •	•	•	auto Froi Sucii		4	Yes	ı

services rendered to the organization? If "Yes," complete Schedule J for such person .

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

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

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Form 99		15)						Page 9
Part V	/++1	Statement o						
		Check If Sched	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ ည	1a	Federated cam	paigns 1a					
ons, Gifts, Grants Similar Amounts	ь	Membership du	ies 1b					
Ę, Gr	С	Fundraising ev	ents 1 c					
ifts ar A	d	Related organiz	zations 1d					
3, G E	e	Government grant	s (contributions) 1e					
iğ iz	f		ons, gifts, grants, and 1f	15,539,647				
tributio Other	_	Similar amounts no	ot included above ons included in lines					
Contributions, and Other Sim	g	1a-1f \$ Total. Add lines		3,119,203	15,539,647			
<u>ة ت</u>	<u> </u>	Total: Add line.	3 10 11	Business Code	22,223,2			
훒	2a			Business Code				
i A	ь							
ay E	c							
Ę.	d	-						
S	e							
Program Service Revenue	f	All other progra	am service revenue					
<u>Ř</u>	g	Total. Add line:	s 2a-2f	•				
	3		ome (including dividen ar amounts)		4,082,688			4,082,688
	4		stment of tax-exempt bond	t t				
	5	Royalties .	. <u></u>	🔸				
	6.	Cross rants	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco						
	7a	Gross amount	(i) Securities	(II) O ther				
		from sales of assets other	329,891					
		than inventory						
	Ь	Less cost or other basis and	0					
	c	sales expenses Gain or (loss)	329,891					
	d	Net gain or (los	ss)		329,891			329,891
nue	8a	Gross income f						
Other Revenue		\$of contributions See Part IV , lir						
her		Loca direct	a penses b					
ŏ	c		penses b (loss) from fundraising	events >				
	9a		from gaming activities					
	ь		penses b					
	С	Net income or	(loss) from gamıng actı	vities ▶				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	l	_	(loss) from sales of inv	entory ►				
		Miscellaneou		Business Code	1 416 767	1 446 767		
	11a	ADMINISTRAT		561000 900099	1,416,767 159,295	1,416,767		159,295
	b c	OTHER REVEN	NUE	300039	139,293			139,293
	d	All other reven	ue					
	e	Total. Add lines		•	1,576,062			
	12	Total revenue.	See Instructions .	🔸	21,528,288	1,416,767		0 4,571,874
	1				21,320,200	1,410,707		Form 990 (2015)

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)

<u>Jeene</u>	Check if Schedule O contains a response or note to any line in t								
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	12,946,492	12,946,492						
2	Grants and other assistance to domestic individuals See Part IV, line 22	814,806	814,806						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	139,620	139,620						
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	502,087		499,970	2,117				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	608,897		607,021	1,876				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,737		61,666	71				
9	Other employee benefits	147,970		147,483	487				
10	Payroll taxes	80,973		80,594	379				
11	Fees for services (non-employees)	00,973		60,394	379				
a	Management								
b	Legal	2,375		2,375					
c	Accounting	23,500		23,500					
d	Lobbying	23,300		23,333					
e	Professional fundraising services See Part IV, line 17								
f	Investment management fees	98,648		98,648					
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,279		32,279					
12	Advertising and promotion	104,443		98,382	6,061				
13	Office expenses	85,943		85,943	·				
14	Information technology								
15	Royalties								
16	Occupancy	65,088		65,088					
17	Travel	70,280		70,280					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	48,681		48,681					
23	Insurance	14,569		14,569					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)								
а	ADMINISTRATIVE FEE	1,269,138		1,269,138					
b	SPONSORSHIPS	185,638		185,638					
c	CONSULTING AND CONTRACT	34,702		34,702					
d	NON-PROFIT RESOURCE CEN	30,271		30,271					
e	All other expenses	133,278		133,278					
25	Total functional expenses. Add lines 1 through 24e	17,501,415	13,900,918	3,589,506	10,991				
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)								

Form	990 (2	2015)					Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any lir	ne in th	ıs Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,096,700	1	2,182,539
	2	Savings and temporary cash investments			7,144,524	2	7,593,73
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
\$	6	Loans and other receivables from current and former offit trustees, key employees, and highest compensated emp II of Schedule L	ons (as (c)(3)(E	Complete Part defined under n, and 501(c)(9)		5	
Assets						6	
4	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	453,054			
	b	Less accumulated depreciation	10b	350,952	150,252	10 c	102,10

	5	trustees, key employees, and highest compensated emp II of Schedule L	,	'		
Assets	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see inst Part II of Schedule L	(c)(3)(E section	3), and 501(c)(9)		
As	7	Notes and loans receivable, net				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10 a	453,054		
	b	Less accumulated depreciation	10b	350,952	150,252	1
	11	Investments—publicly traded securities				
	12	Investments—other securities See Part IV, line 11 .			122,469,843	
	13	Investments—program-related See Part IV, line 11 .				
	14	Intangible assets				
	15	Other assets See Part IV, line 11			190,738	

Total assets.Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Accounts payable and accrued expenses

Grants payable .

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

16

17

18

19

20

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25

26

27

28

29

30

31

32

33

34

Net Assets or Fund Balances

	ь	
	7	
	8	
	9	
150,252	10 c	102,10
	11	
122,469,843	12	124,519,17
	13	
	14	
190,738	15	697,30
131,052,057	16	135,094,85
7,045	17	21,97
	18	
2,000	19	3,00

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

0

0

131,043,012

131,043,012

131,052,057

24,970

135,069,885

135,069,885

Form 990 (2015)

9,045

and complete

Cash Accrual Other Modified Cash

Both consolidated and separate basis

Both consolidated and separate basis

3

4

5

6

7

8

9

10

Page **12**

4,026,873

131,043,012

135,069,885

Yes

Yes

Yes

2a

2b

2c

3а

3b

▽

No

Νo

Νo

Form 990 (2015)

Total revenue (must equal Part VIII, column (A), line 12) . . . 1 21,528,288 Total expenses (must equal Part IX, column (A), line 25) 2 17,501,415

Revenue less expenses Subtract line 2 from line 1

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Part XII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Investment expenses

Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

efil	le GF	RAPHIC pr	int - DO I	NOT PROCES	SS	As Filed Da	ta -		DLN: 9	3493313000186
Form 990 or Schedule A 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-F7						2015 Open to Public Inspection				
Treasi	ury		<u>wı</u>	ww.irs.gov/fo	rm99	<u>90</u> .				Inspection
		enue Service	•							
		he organizat IMUNITY FOUN							Employer identific	acion number
									23-7284004	
Pa	rt I	Reason	for Publi	c Charity S	tatu	s (All organiza	itions must o	complete this p	part.) See instructi	ons.
The	organı	zation is not	a private f	oundation beca	iuse i	tıs (Forlines 1	through 11, c	heck only one b	ox)	
1				•				ın section 170(l		
2				-			•	m 990 or 990-E	• •	
3		A hospital	or a cooper	ative hospital	servi	ce organization i	described in s e	ection 170(b)(1))(A)(iii).	
4					rated	l in conjunction v	with a hospital	described in se	ction 170(b)(1)(A)(i	ii). Enter the
5	_		name, city,		afit o	of a college or un	uversity owner	d or operated by	a governmental unit	described in section
,	I			omplete Part I		n a conlege or ur	iiversity owner	a or operated by	a governmentar unit	described in section
6	Г			•	-	overnmental unit	described in	section 170(b)(:	1)(A)(v).	
7	Ī	An organiz	ation that n	ormally receiv	es a s	substantial part	of its support	from a governme	ental unit or from the	general public
_	_					omplete Part II	•			
8			•			70(b)(1)(A)(vi)	• •	•		. 6
9									ibutions, membership	o rees, and gross 331/3% of its support
							•		1 tax) from business	
						tion 509(a)(2).			•	. ,
10			-	•		•		fety See sectio		
11									ctions of, or to carry	
							•		509(a)(2) See secti complete lines 11e,	
а	_					, ,		_	rganization(s), typica	
	ı								ors or trustees of the	
						Sections A and				
b									orted organization(s),	by having control or dorganization(s) You
				V, Sections A			same persons	that control of i	manage the supporte	u organizacion(s) Tou
c		Type III f	unctionally	integrated. A s	uppo	rting organizatio			, and functionally inte	egrated with, its
_	•		_	, , ,		,	•	V, Sections A, D		
d		• •							with its supported or ement and an attenti	
				_		rt IV, Sections A	•	•	ement and an attenti	veness requirement
е									s a Type I, Type II,	Type III functionally
_	•	_			-	itegrated suppor				
T	Ente			•					· · · · · · · · —	
g		Provide th	e following i	nformation abo	out the	e supported orga	anization(s)			
		(i)		(ii)EIN		(iii)	(iv	Δ	(v)	(vi)
Nan	ne of s	יי) supported or	ganization	(II)LIN		Type of	Is the org		A mount of	A mount of other
			J		C	organization	listed in you		monetary support	support (see
						cribed on lines	docun	nent?	(see instructions)	instructions)
						9 above (see				
	Instructions))									
							Yes	No	1	
							.e3	110		
							-	1		
							1	+		
Tota	<u> </u>									
For F	aperv	vork Reduct	ion Act Not	ice, see the In	st ruct	ions for Form 9	90 or 990EZ.	Cat No 112		n 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 13,176,344 10,551,702 14,917,042 16,828,582 15,539,647 71,013,317 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 13,176,344 10,551,702 14,917,042 16,828,582 15,539,647 71,013,317 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

Section B. Total Support Calendar year

royalties and income from

Net income from unrelated business activities, whether or not the business is regularly

10 Other income Do not include gain or loss from the sale of

11 Total support. Add lines 7

capital assets (Explain in Part

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

Section C. Computation of Public Support Percentage

Public support percentage for 2014 Schedule A, Part II, line 14

(or fiscal year beginning in) ▶

Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents,

sımılar sources

carried on

through 10

organization

instructions

supported organization

VI)

15

(f)

from line 4

Public support. Subtract line 5

(a)2011

13,176,344

3,202,421

2,318,576

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

(b)2012

10,551,702

4,399,303

1,895,108

17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

(c)2013

14,917,042

3,580,928

2,026,524

(d)2014

16,828,582

4,737,773

1,447,915

(e)2015

15,539,647

4,082,688

1,576,062

12

14

15

5,008,354

66,004,963

71,013,317

20,003,113

9,264,185

100,280,615

65 820 %

65 650 %

▶▽

▶□

▶□

Schedule A (Form 990 or 990-EZ) 2015

(f)Total

Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	II. If the organization fails to qualify under the tests listed below, please complete Part II.)							
Se	ction A. Public Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) ⊤otal	
(or t	iscal year beginning in) > Gifts, grants, contributions, and	. ,	. ,	. ,	. ,	. ,		
_	membership fees received (Do							
	not include any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services performed, or facilities furnished							
	in any activity that is related to							
	the organization's tax-exempt							
	purpose							
3	Gross receipts from activities							
	that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the							
-	organization's benefit and either							
	paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2,							
	and 3 received from disqualified							
_	persons							
b	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that exceed							
	the greater of \$5,000 or 1% of							
	the amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6)							
Se	ction B. Total Support			l				
	Calendar year	4.32.44	412242	4.3004.0	4.0004.4	4 22045	(5) =	
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total	
9	A mounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after							
_	June 30, 1975 Add lines 10a and 10b							
с 11	Net income from unrelated							
	business activities not included							
	in line 10b, whether or not the							
	business is regularly carried on							
12	business is regularly carried on Other income Do not include							
12	business is regularly carried on Other income Do not include gain or loss from the sale of							
12	business is regularly carried on Other income Do not include							
12	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,							
13	business is regularly carried on 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)	For the organization	an's first second	third fourth or	ifth tay year ac	section 501/cV	2) organization	
	business is regularly carried on 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) First five years. If the Form 990 is the same of the same o	or the organization	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3	3) organization,	
13 14	business is regularly carried on 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) First five years. If the Form 990 is the check this box and stop here			, third, fourth, or 1	ifth tax year as a	section 501(c)(3) organization, ▶	
13 14	business is regularly carried on 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) First five years. If the Form 990 is to check this box and stop here Ction C. Computation of Pub	lic Support P	ercentage		ifth tax year as a		B) organization, ▶ □	
13 14 Se 15	business is regularly carried on 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) First five years. If the Form 990 is facheck this box and stop here ction C. Computation of Pub Public support percentage for 2015	lic Support Position (line 8, column	ercentage (f) divided by line		ifth tax year as a	15	3) organization, ▶ □	
13 14 Se 15 16	business is regularly carried on 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) First five years. If the Form 990 is the check this box and stop here ction C. Computation of Pub Public support percentage for 2015	lic Support Po (line 8, column of 14 Schedule A, P	ercentage (f) divided by line art III, line 15	13, column (f))	ifth tax year as a		3) organization, ▶ T	
13 14 Se 15 16	business is regularly carried on 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) First five years. If the Form 990 is to check this box and stop here ction C. Computation of Pub Public support percentage from 2015 Ction D. Computation of Inv	lic Support Post (line 8, column of 14 Schedule A, Postment Inco	ercentage (f) divided by line art III, line 15 me Percenta	13, column (f))		15	3) organization, ▶ □	
13 14 Se 15 16	business is regularly carried on 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) First five years. If the Form 990 is to check this box and stop here Ction C. Computation of Pub Public support percentage for 2015 Public support percentage from 20; ction D. Computation of Inv Investment income percentage for	lic Support Position 8, column of 14 Schedule A, Postment Inco	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided	13, column (f)) ge by line 13, colum		15	3) organization, ▶ □	
13 14 Se 15 16	business is regularly carried on 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) First five years. If the Form 990 is to check this box and stop here ction C. Computation of Pub Public support percentage from 2015 Ction D. Computation of Inv	lic Support Position 8, column of 14 Schedule A, Postment Inco	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided	13, column (f)) ge by line 13, colum		15 16	3) organization, ▶ □	

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2015

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	ection A. All Supporting Organizations			
			Yes	No
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	1		
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	2		
3а	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use 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	4a		
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	4b		
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	4c		
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)	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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 .	6		
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)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
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 .	9a		
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 .	9b		
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 .	9с		
	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	10a		
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)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	· ·			

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Page 5

No

Part IV Supporting Organizations (continued) Section B. Type I Supporting Organizations

Section B. Type I Supporting Organizations							
			Yes				
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1					
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s)						

that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations Yes No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how contiol or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior

tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the 2 supported organization(s) 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 3

If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test Complete line 2 below а

The organization is the parent of each of its supported organizations. Complete line 3 below b

c

The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test_Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the

supported organization(s) to which the organization was responsive?

If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the

organization determined that these activities constituted substantially all of its activities

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of

the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2015

Yes

2a

2b

3a

3b

No

(B) Current Year (optional)

Page **6**

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov 20, 1970 See inst	ructions. All other
	Type III non-functionally integrated supporting organizations must complete Sections	s A through E	
	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Ye

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Net short-term capital gain	1		
2	Recoveries of prior-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		
	•		•	

6	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				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	A ggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		(opnonia)		
_	, , , ,	-				
а	Average monthly value of securities	1a				
b	A verage monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1 c				
d	Total (add lines 1a, 1b, and 1c)	1d				

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
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		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
1				

d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
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	
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	
	Section 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	

-	racept, me s s, sss	_	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section 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	

4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
7	7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see				

Section D - Distributions	Current Year							
A mounts paid to supported organizations to accom	plish exempt purposes							
2 Amounts paid to perform activity that directly furthe excess of income from activity	A mounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
3 Administrative expenses paid to accomplish exemp	anızatıons							
4 Amounts paid to acquire exempt-use assets								
<u> </u>	5 Qualified set-aside amounts (prior IRS approval required)							
6 Other distributions (describe in Part VI) See instru	ictions							
7 Total annual distributions. Add lines 1 through 6								
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide						
9 Distributable amount for 2015 from Section C, line	6							
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
f 1 Distributable amount for 2015 from Section C, line $f 6$								
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2015								
a								
b								
_ с								
d From 2013								
e From 2014								
f Total of lines 3a through e								
 g Applied to underdistributions of prior years h Applied to 2015 distributable amount 								
i Carryover from 2010 not applied (see								
instructions)								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2015 from Section D, line 7								
\$ <u></u>								
A pplied to underdistributions of prior years								
b Applied to 2015 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7 Excess distributions carryover to 2016. Add lines 31 and 4c								
8 Breakdown of line 7								
a								
b								
c Excess from 2013								
d From 2014								
e From 2015								
		Schedule A	(Form 990 or 990-EZ) (2015					

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A	chedule A (Form 990 or 990-EZ) 2015							
Part VI	Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).							
		Facts And Circumstances Test						
R	eturn Reference	Explanation						
		Schedule A (Form 990 or 990-i	Z) 2015					

SCHEDULE D

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

OMB No 1545-0047 2015

DLN: 93493313000186

Department of the			>, 9, 10, 114, 115, 116, 116, 116, 111, 124, 07 1. ➤ Attach to Form 990. (Form 990) and its instructions is at <u>www.irs</u>		<u>orm990</u> .	Open to I	
Na	me of the organi EDO COMMUNITY FO			Empl	oyer identi	fication numbe	er
	_				284004		
Pa		_	r Advised Funds or Other Similar Fu ed "Yes" on Form 990, Part IV, line 6.	ınds c	r Accou	nts.	
	<u>'</u>		(a) Donor advised funds	(b)	Funds and	other accounts	5
1	Total numbe	r at end of year	215				
2	Aggregate v year)	alue of contributions to (during	11,282,403				
3	Aggregate v	alue of grants from (during year)	8,352,604				
4	Aggregate v	alue at end of year	54,947,111				
5			advisors in writing that the assets held in done the organization's exclusive legal control?	or advis	sed	√ Yes	┌ No
6	used only for cl		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for an			√ Yes	□ No
Pa			ete if the organization answered "Yes" o	n Form	 n 990. Par	•	140
1	•	•	ne organization (check all that apply)		<u>, , , , , , , , , , , , , , , , , , , </u>		
	Preservati education)	on of land for public use (e g , recr	eation or Preservation of ar	n histor	ıcally ımpo	rtant land area	ì
	Protection	of natural habitat	Preservation of a	certifie	d historic s	tructure	
	Preservati	on of open space					
2	•	2a through 2d if the organization ne last day of the tax year	held a qualified conservation contribution in the	he form	T	rvation	e Year
а	Total number o	f conservation easements		2a	Tiela ac	the Bild of the	o rour
b	Total acreage r	restricted by conservation easeme	ents	2b			
c	Number of cons	servation easements on a certified	historic structure included in (a)	2 c			
d		servation easements included in (o ire listed in the National Register	c) acquired after 8/17/06, and not on a	2d			
3	Number of cons	servation easements modified, tra	nsferred, released, extinguished, or terminate	d by the	e organizat	ion during the	
	tax year ▶						
4	Number of stat	es where property subject to cons	ervation easement is located 🟲	_			
5	9	nization have a written policy regar enforcement of the conservation 6	ding the periodic monitoring, inspection, hand easements it holds?	ling of	Г	_ Yes	lo
6	Staff and volung	teer hours devoted to monitoring,	inspecting, handling of violations, and enforci	ng cons	ervation ea	asements duri	ng the
	>						
7	A mount of expe ► \$	enses incurred in monitoring, inspe	ecting, handling of violations, and enforcing co	nserva	ition easem	nents during th	e year
8		servation easement reported on li on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of sec	tion 17	_	_ Yes	lo
9	balance sheet,		ts conservation easements in its revenue and of the footnote to the organization's financial isements				
Par	t IIII Organi	izations Maintaining Collec	ctions of Art, Historical Treasures, o ed "Yes" on Form 990, Part IV, line 8.	or Oth	ier Simila	ar Assets.	
1 a	works of art, his	storical treasures, or other similar	FAS 116 (ASC 958), not to report in its reven rassets held for public exhibition, education, on note to its financial statements that describes	or resea	arch in furth		

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 on 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

Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2015

Cat No 52283D

d Equipment . . .

Part		rganizations Maintainin ontinued)	g Collections of	Art, Hi	istorical	Trea	sures, or	Other Similar	Assets	
3		e organization's acquisition, acc n items (check all that apply)	cession, and other re	ecords, o	check any	of the	following that	are a significant i	ıse of its	
а	Pub	lic exhibition		d		oan or	exchange pro	grams		
b	┌ Sch	olarly research		e	Го	ther				
c	☐ Pres	servation for future generations	;							
4	Provide a	description of the organization	n's collections and e	xplain h	ow they fur	rther th	ne organizatio	n's exempt purpos	e in	
5	During th	e year, did the organization sol						_	es \Box	No
Par	t IV E	scrow and Custodial Arromplete if the organization art X, line 21.	angements.							
1a	Is the or	ganization an agent, trustee, cu on Form 990, Part X?	ustodian or other into	ermediar	ry for contr	rıbutıoı	ns or other as	sets not	es \lceil	No
b	If "Yes	s," explain the arrangement in I	Part XIII and comple	ete the fo	ollowing ta	hle		A	mount	
c		ing balance	are XIII and compre	ctc the n	onowing ta	DIC	10	-		
d	_	_					10			
		ons during the year								
e		outions during the year					10			
f	_	balance					11			
2a	Did the o	rganization include an amount	on Form 990, Part X	, line 21	, for escro	worcı	ustodial acco	unt liability? Y	es	No
b	If "Yes,"	explain the arrangement in Par	t XIII Check here i	f the exp	olanation h	as bee	n provided in	Part XIII		. \square
Pa	rt V E	ndowment Funds. Compl	ete if the organiza	ation ar	swered '	'Yes"	to Form 990	, Part IV, line 1	0.	
	<u> </u>		(a)Current year	(b) Pr	nor year	b (c)	Two years back	(d)Three years back	(e)Four	r years back
1 a	Beginnin	g of year balance	15,368,427		15,701,479		17,102,639	17,127,68	3	18,108,072
b	Contribut	tions • • • • • •	308,775		508,205		284,609	193,85	5	486,732
c	Net inves losses	stment earnings, gains, and	618,445		582,655		1,456,143	677,45	1	751,564
d		rscholarships · · ·	1,107,078		1,330,510		3,032,936	789,14	3	2,109,744
e	Other ex and prog	penditures for facilities rams • • • • • •								
f	A dminist	rative expenses	82,372		93,402		108,976	107,20	2	108,941
g	End of ye	ear balance	15,106,197		15,368,427		15,701,479	17,102,63)	17,127,683
2	Provide t	he estimated percentage of the	current year end ba	alance (I	ıne 1g, col	umn (a	a)) held as			
а	Board de	signated or guasi-endowment i	0 %	·						
b		nt endowment > 99 000 %								
c	Tempora	rily restricted endowment >	1 000 %							
За		entages on lines 2a, 2b, and 20 e endowment funds not in the po			n that are I	held ar	nd administer	ed for the		
	organızat (i) unrela	ion by ited organizations						[:	Ye 3a(i)	es No No
b		ed organizations on 3a(ii), are the related organi		 Juired on	 Schedule	 R? .			Ba(ii)	No
4		in Part XIII the intended uses								
Par		and, Buildings, and Equi								
		omplete if the organization		Form	990, Part	: IV, lı				
		Description of property			(a) Cost or othe (investme		(b) Cost or other b (other)	Accumulate (c) depreciation)Book value
1a	Land .									
b	Buildings								\neg	
c	_ Leasehold	improvements		.						

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

102,102

102,102

350,952

453,054

See Form 990, Part X, line 12. (a) Description of security or category.	ory	(b)Book value	(c)Method of valuation
(including name of security) 1)Financial derivatives			Cost or end-of-year market value
2)Closely-held equity interests			
S)Other .) VANGUARD INDEX TOTAL STOCK MARKET PO	RTFOLIO	42,618,310	С
	KITOLIO		
) VANGUARD BOND INDEX FUND		12,844,435	С
DFA GLOBAL FIXED INCOME FUND		12,936,993	С
) COMMON TRUST FUNDS		123,528	С
) VANGUARD SHORT TERM BOND INDEX FUND		527,572	С
) TRAN STAR LLC		2,166,032	С
;) VANGUARD FTSE ALL-WORLD EX-US INDEX FU	ND	49,229,727	С
) UBS INVESTMENT PARTNERSHIP		3,981,192	С
) STOCK IN TRANSIT tal. (Column (b) must equal Form 990, Part X, col (B) line 12) •	91,385	С
Investments—Program Related	and Wast on Farm OO		
Complete if the organization answe (a) Description of investment	red Yes on Form 99	(b) Book value	e Form 990, Part X, line 13. (c) Method of valuation
(a) Description of investment		(b) Book value	Cost or end-of-year market value
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
art IX Other Assets. Complete if the organiz		Form 990, Part IV, line 1	1d See Form 990, Part X, line 15
(a) De	escription		(b) Book value
			Part IV line 11e or 11f
otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete of the of See Form 990, Part X, line 25.	organization answere		
Part X Other Liabilities. Complete if the o			
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	organization answere		
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	organization answere		
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	organization answere		
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	organization answere		
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	organization answere		
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	organization answere		
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	organization answere		
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	organization answere		
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	organization answere		
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	organization answere		
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	organization answere		
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	organization answere		
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.	organization answere		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

1 2

> а b

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3

а

b

Part XII

5

1

2

b

d

e

а b

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3

Page 4

Net unrealized gains (losses) on investments Donated services and use of facilities 2b 2c

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Other (Describe in Part XIII)

Add lines 2a through 2d Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

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

Total expenses and losses per audited financial statements

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Add lines **4a** and **4b**

Amounts included on line 1 but not on Form 990, Part IX, line 25

Other (Describe in Part XIII)

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)

4a 4b

2a

2b 2c

2d

2d

4c Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2e

1

2e 3

łc						
5						
0110	de	any	adı	ditio	ona	ı

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **Supplemental Information** Part XIII

Add lines 4a and 4b . . .

Donated services and use of facilities .

Other (Describe in Part XIII) . . .

Prior year adjustments

information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro Return Reference Explanation

PART V, LINE 4 THE ORGANIZATION'S INTENDED USE OF ENDOWMENT FUNDS IS CONSISTENT WITH THE MISSION OF THE TOLEDO COMMUNITY FOUNDATION, INC Schedule D (Form 990) 2015



Additional Data

Software ID: Software Version:

EIN: 23-7284004

Name: TOLEDO COMMUNITY FOUNDATION INC

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(3)Other		,
(A) VANGUARD INDEX TOTAL STOCK MARKET PORTFOLIO	42,618,310	С
(B) VANGUARD BOND INDEX FUND	12,844,435	С
(C) DEA CLOBAL FIVED INCOME FUND	12.026.002	
(C) DFA GLOBAL FIXED INCOME FUND	12,936,993	C
(D) COMMON TRUST FUNDS	123,528	С
(E) VANGUARD SHORT TERM BOND INDEX FUND	527,572	С
	·	
(F) TRAN STAR LLC	2,166,032	С
(G) VANGUARD FTSE ALL-WORLD EX-US INDEX FUND	49,229,727	С
(H) UBS INVESTMENT PARTNERSHIP	3,981,192	С
(I) STOCK IN TRANSIT	91,385	С
		· · · · · · · · · · · · · · · · · · ·

efile GRAPHIC print	- DO NOT PRO	CESS	As Filed Dat	ta -		DLN:	9349331300	0186
SCHEDULE F (Form 990)	Stateme	ent of A	Activities C	Outside the Unit	ed St	ates	OMB No 1545	-0047
(FOIII 990)	•	► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.					201	5
Department of the Treasury Internal Revenue Service	▶ Information abo	ut Schedu		o Form 990. nd its instructions is at w	ww.irs.g	ov/form990.	Open to Pul Inspection	blic
Name of the organization TOLEDO COMMUNITY FO	DUNDATION INC					Employer ident	tification numbe	er
				ne United States. orm 990, Part IV, line	14b.			
and other assistar	ice, the grantees	s' eligibil		s to substantiate the acts or assistance, and				
assistance outside	Describe in Part the United Stat	V the or es		rocedures for monitori	-	_	√ Yes its and other	∏ No
(a) Region	(b) N	lumber of es in the egion	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If act prograi	civity listed in (d) is a merice, describe opecific type of vice(s) in region	a (f) Total exper for and invest in region	ments
(1)				.ogio.i,				
(2)								
(3)								
(4)								
(5)								
3a Sub-total b Total from continuat to Part I	ion sheets	0						(
c Totals (add lines 3a For Paperwork Reduction Ac		0	<u> </u>		No 500		lule F (Form 990)	2015

Dart II	Grants and Other Assistance to Organizations or Entities Outside the United States.
	grants and other Assistance to organizations of Endities outside the officed states.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

applicable)	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV , appraisal, other)
						as of recognitive against area is to display that are recognized as charities by the foreign country, recognized as

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

appraisal, other)

Schedule F (Form 990) 2015

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of recipients cash grant disbursement of non-cash valuation non-cash assistance assistance (book, FMV,

Part III can b	יש
(a) Type of grant or assistance	

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Sche	edule F (Form 990) 2015			Рa	ge 4
Pa	rt IV Foreign Forms				
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	Ī✓	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Г	Yes	Ī✓	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Г	Yes	Ī✓	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Г	Yes	✓	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Г	Yes	√	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form	_		_	

┌ Yes

Schedule F (Form 990) 2015

✓ No

5713, do not file with Form 990)

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

Additional Data

Software ID: Software Version:

EIN: 23-7284004

Name: TOLEDO COMMUNITY FOUNDATION INC

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	GENERAL SUPPORT, MOBILE ICU	44,620				
		SUB-SAHARAN AFRICA	SOLAR POWER FOR PERMACULTURE LEARNING CENTER	5,000				
		SOUTH AMERICA	FUNDS ARE AWARDED TO SUPPORT ACTIVITIES RELATED TO REBUILDING INFRASTRUCTURE AND FACILITIES IN THE ATACAMA REGION OF CHILE, WITH A PREFERENCE FOR ACTIVITIES IN THE TOWN OF DIEGO DE ALMAGRO, THAT WAS DAMAGED BY FLOODING IN MARCH, 2015	50,000				
		EUROPE (INCLUDING ICELAND & GREENLAND)	PV PROJECT "SOLAR RAYS" - PHASE 2	15,000				

(b) IRS code (ı) Method of (a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant non-cash cash and EIN(if cash grant cash disbursement organization (book, FMV, assistance assistance applicable) appraisal, other) FUROPE ISOLAR ENERGY 25,000 (INCLUDING ACCESS ICELAND & GREENLAND) -

Form 990 Schedule F Part II - Grants or Entities Outside The United States

AUSTRIA, BELGIUM

ALBANIA, IANDORRA,

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493313000186 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes." on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number TOLEDO COMMUNITY FOUNDATION INC 23-7284004 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 274 274 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Schedule I (Form 990) 2015

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

Explanation Return Reference

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

Schedule I (Form 990) 2015

Page 2

Additional Data

Software Version:

Software ID:

EIN: 23-7284004 Name: TOLEDO COMMUNITY FOUNDATION INC.

ADAPTIVE COMMUNICATION DEVICES,

CHALLENGE MATCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash other) or government assistance VETERANS MATTER -OPERATION HOMETOWN

1MATTERSORG 3450 W CENTRAL AVE SUITE 108 TOLEDO,OH 43606	26-2052237	501(C)(3)	10,000		
ABILITY CENTER OF GREATER TOLEDO 5605 MONROE STREET	34-4428597	501(C)(3)	16,400		

SYLVANIA, OH 43560

FOR ASSISTANCE DOGS FOR ACHIEVING INDEPENDENCE PAY IT FORWARD CAMPAIGN 8,148 ADAPTIVE SPORTS 27-1144442 501(C)(3) SLED HOCKEY FOR PROGRAM OF OHIO YOUTH WITH 2829 CLEVELAND ROAD PHYSICAL DISABILITIES IN NW SUITE B WOOSTER, OH 44691 OHIO

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ADOPT AMERICA NETWORK 34-1396924 501(C)(3) 26,250 FAMILIES FOR 3100 W CENTRAL AVE WAITING KIDS. SUITE 225 GENERAL SUPPORT -TOLEDO, OH 43606 FROM THE 8-BIT THEME NIGHT JERSEY AUCTION (11/21/2015), FAMILIES FOR WAITING KIDS ADVOCATES FOR BASIC 23-7376131 501(C)(3) 34,322 EXECUTIVE ACTION ON IMMIGRATION LEGAL EQUALITY INC 525 JEFFERSON AVENUE PROGRAM SUITE 300 TOLEDO, OH 43604 10,000 ALLIANCE FOR PAIRED 20-5196689 501(C)(3) GENERAL SUPPORT

MAUMEE, OH 43537

DONATION 3661 BRIARFIELD BLVD **SUITE 105**

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ALZHEIMER'S DISEASE & 34-1423768 501(C)(3) 6,250 GENERAL SUPPORT -RELATED DISORDERS FROM THE 8-BIT ASSOCIATION INC - NWO THEME NIGHT JERSEY CHAPTER AUCTION 2500 N REYNOLDS RD (11/21/2015)TOLEDO, OH 43615 ALZHEIMER'S GREATER 95-3718119 501(C)(3) 10,000 SUPPORT CLIENT LOS ANGELES SERVICES PROVIDED 4221 WILSHIRE BLVD BY THE CALIFORNIA SUITE 400 SOUTHLAND LOS ANGELES, CA 90010 CHAPTER AMERICAN ASSOCIATION 52-6037388 501(C)(3) 5,000 CHARTING THE OF UNIVERSITY WOMEN COURSE MAJOR INC DBA AAUW GIFTS CAMPAIGN

C/O BOWLING GREEN STATE UNIVERSITY 217 JOHNSTON HALL BOWLING GREEN, OH 43403

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (e) Amount of non- (f) Method of valuation (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance AMERICAN COUNCIL ON 52-2353661 501(C)(3) 5,000 GENERAL SUPPORT RENEWABLE ENERGY -ACORE PO BOX 33518 WASHINGTON, DC 20033 15,000 AMERICAN INDIAN 52-1573446 501(C)(3) GENERAL SUPPORT COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221 AMERICAN RED CROSS OF 53-0196605 501(C)(3) 21,051 DISASTER RELIEF -NORTHWEST OHIO CLIENT ASSISTANCE, 1111 RESEARCH DRIVE DISASTER RELIEF TOLEDO, OH 43614 SERVICES, TO SUPPORT THE CHAPTER'S VOLUNTEER PROGRAM, WITH PRIORITY TO SUPPORTING SERVICES FOR VOLUNTEER NURSING PROFESSIONALS

SERVING IN DISASTER RELIEF AND ASSISTANCE

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance AMYOTROPHIC LATERAL 13-3271855 501(C)(3) 18,500 TOLEDO WALK TO

91301				PROGRAM MATCH
CALABASAS HILLS, CA				COMMUNITY GRANT
SUITE 250				MANUFACTURING
27001 AGOURA ROAD				ALS/LOCKREY
SCLEROSIS ASSOCIATION				DEFEAT

CALABASAS HILLS,CA 91301					C O M M U P R O G R A
ARTS COMMISSION OF GREATER TOLEDO INC 1838 PARKWOOD AVENUE SUITE 120	34-1358701	501(C)(3)	22,000		OWENI ENGAGI PROJEC LOOPE

PO BOX 2260 TEMPE, AZ 85280

I COMMUNITY

GREATER TOLEDO INC 1838 PARKWOOD AVENUE SUITE 120 TOLEDO,OH 43604	34-1358/01	501(C)(3)	22,000		ENGAGEMENT PROJECT, CULTURE LOOP EXPANSION PROJECT
ASU FOUNDATION FOR A NEW AMERICAN UNIVERSITY	86-6051042	501(C)(3)	25,000		USAID RI FELLO WSHIP PRO GRAM

SUITE 120 TOLEDO,OH 43604					PROJECT
ASU FOUNDATION FOR A NEW AMERICAN UNIVERSITY	86-6051042	501(C)(3)	25,000		USAID RI FELLOWSHIP PROGRAM

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 34-1517827 501(C)(3) 5,000 TRANSITIONAL AURORA PROJECT INC LOUGING 102E NICHDEDIOD CEDEET

	TOLEDO, OH 43604					HOUSING
•	AURORA SCHOOLS FOUNDATION	34-1774249	501(C)(3)	5,000		GENERAL SUPPORT
	PO BOX 643					

AURORA, OH 44202

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SDAY GENERAL

BACK TO THE WILD INC	35-2200572	501(C)(3)	5,000		GIVING TUESD
4504 BARDSHAR RD					GRANT FOR GE

BACK TO THE WILD INC	33-22003/2	301(C)(3)	3,000		GIVING LOES
4504 BARDSHAR RD					GRANT FOR C

CASTALIA, OH 44824 SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (d) A mount of cash (g) Description of organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) BEACH HOUSE INC DBA 34-4428659 501(C)(3) 54,000 GENERAL BEACH HOUSE FAMILY OPERATING, BEACH SHELTER HOUSE, INC MERGER 915 N ERIE STREET WITH FOCUS TOLEDO, OH 43604 BEADFORLIFE 20-1683139 501(C)(3) 25,000 IGNITE 1 MILLION 2336 CANYON BOULEVARD CAMPAIGN SUITE 202 80-0296934 501(C)(3) 7,500 THETA DELTA BUILDING FUND - A RETURN TO

BOULDER, CO 80302 BETA THETA PI FOUNDATION 5134 BONHAM ROAD PRINCIPLES THE

> CAMPAIGN FOR THETA DELTA

OXFORD, OH 45056

(e) Amount of non- (f) Method of valuation (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) BITTERSWEET INC 34-1218722 501(C)(3) 61,750 CHALLENGE MATCH 12660 ARCHBOLD-FOR UPGRADES TO WHITEHOUSE ROAD HOMEAT WHITEHOUSE, OH 43571 BITTERSWEET FARMS PEMBERVILLE, CULINARY PROGRAM. CAPITAL SUPPORT FOR RESIDENTIAL IMPROVEMENTS. WOMEN'S HOME BLACK SWAMP BIRD 34-1702076 501(C)(3) 5,000 GIVING TUESDAY OBSERVATORY GRANT FOR GENERAL PO BOX 228 13351 W SUPPORT STATE ROUTE 2 OAK HARBOR, OH 43449 30,000 BLACK SWAMP 34-1746749 501(C)(3) CONSERVANCY HOMESTEAD PO BOX 332 CAPITAL CAMPAIGN. 2015 NONPROFIT

INNOVATION AND EXCELLENCE AWARD - EXCELLENCE IN A

ORGANIZATION, GENERAL SUPPORT, GIVING TUESDAY GRANT FOR GENERAL

SMALL

SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 228 13351 W
STATE ROUTE 2
OAK HARBOR,OH 43449
BLACK SWAMP
CONSERVANCY
PO BOX 332
PERRYSBURG,OH 43552

(b) EIN (e) A mount of non- (f) Method of valuation (h) Purpose of grant (a) Name and address of (c) IRC section (d) A mount of cash (a) Description of organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 84-0385934 7.000 BLACK SWAMP YOUNG LIFE 501(C)(3) IGENERAL SUPPORT P O BOX 412 MAUMEE, OH 43537 34-1790526 501(C)(3) 35.028 BOWLING GREEN IANNUAL COMMUNITY FOUNDATION DISTRIBUTION. GRANT MAKING-P O BOX 1175 ANNUAL BOWLING GREEN, OH 43402 DISTRIBUTION

BOWLING GREEN STATE 34-6007199 ASSIST WITH COST

501(C)(3) 10,000 UNIVERSITY FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

43403

OF RENOVATIONS TO MILETI ALUMNI CENTER BRYAN HALL BOWLING GREEN, OH

organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) BOYS & GIRLS CLUB OF 38-3558470 501(C)(3) 18,500 HUDSON EXTENSION IFNAWFF CLUB, TRIPLE PLAY 340 E CHURCH ST A FITNESS ADRAIN, MI 49221 BOYS & GIRLS CLUBS OF 34-4427933 501(C)(3) 78,262 GENERAL OPERATIONS, TOLEDO

(e) Amount of non- (f) Method of valuation

(g) Description of

(h) Purpose of grant

2250 N DETROIT AVE SUPPORT IN HONOR TOLEDO, OH 43606 OF SAM CARSON, GENERAL SUPPORT, GIVING TUESDAY GRANT FOR SPECIAL PROJECTS, CARSON

SCHOLARSHIP **IPROGRAM**

47-1691856 501(C)(3) 85,000

CABCOT INC GENERAL SUPPORT

HOLLAND, OH 43528

8927 ROYAL OAK DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(d) A mount of cash

(c) IRC section

(a) Name and address of

(b) EIN

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance CAMP COURAGEOUS & THE 34-1750892 501(C)(3) 5,000 WHAT'S NEXT? LIFE ARC OF NORTHWEST OHIO SKILLS PROGRAM INC

(e) A mount of non- (f) Method of valuation

(g) Description of

(h) Purpose of grant

HOMELESS FAMILIES

GENERAL SUPPORT

- YR 2

12701 WATERVILLE SWANTON ROAD WHITEHOUSE,OH 43571					
CATHOLIC CHARITIES DIOCESE OF TOLEDO INC 1933 SPIELBUSCH AVE TOLEDO,OH 43604	53-0196617	501(C)(3)	75,848		KITCHEN COORDINATOR, VOLUNTEER COORDINATOR,

55,000

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

(c) IRC section

(a) Name and address of

CATHOLIC RELIEF

SERVICES INC 228 W LEXINGTON ST BALTIMORE, MD 21201 **(b)** EIN

13-5563422

ELIMINATING BARRIERS TO PERMANENT HOUSING FOR

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment other) assistance CEDARVILLE UNIVERSITY 31-0536647 501(C)(3) 10,000 CEDARVILLE FUND 251 N MAIN ST CEDARVILLE, OH 45314 12,000 CENTER FOR 23-7426944 501(C)(3) ALIGNING CONGREGATIONAL HEALTH COMMUNITY MEDICAL CENTER **PROGRAMS TO ACTIVELY ALIGN** COMMUNITY ASSETS AS PART OF

BOULEVARD WINSTON SALEM, NC 27157 AGGRESSIVE HEALTH IMPROVEMENT CENTRAL CATHOLIC HIGH 34-4428211 501(C)(3) 21,183

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BOYS BASKETBALL SCHOOL PROGRAM, 2550 CHERRY STREET SCHOLARSHIPS FOR TOLEDO, OH 43608 THIRD AND FOURTH YEAR STUDENTS WHO HAVE A B OR HIGHER GPA (RECIPIENTS TO BE SELECTED AT THE DISCRETION OF THE

SCHOOL)

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CHARLESTON GAILLARD 46-3018925 501(C)(3) 5,000 EDUCATION AND MANAGEMENT OUTREACH CORPORATION INITIATIVE 480 E BAY STREET SUITE D

COLUMBUS, OH 43229

CHARLESTON,SC 29403						
CHERRY STREET MISSION MINISTRIES 105 17TH STREET TOLEDO.OH 43604	34-1133369	501(C)(3)	70,000		1	GENERAL SUPPORT, AUTO TECH CENTER

CHILDREN'S HUNGER 23-7303509 501(C)(3) 59,803 AFTERSCHOOL ALLIANCE MEALS IN TOLEDO, 1105 SCHROCK SUITE 505 CREATING A MODEL

> OF FOOD SECURITY FOR LUCAS COUNTY

CHILDREN

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

501(C)(3)

501(C)(3)

CHRISTIAN MISSION INC.

1239 WOLF CREEK

ADRIAN,MI 49221
CHURCH OF THE CROSS

1750 EASTGATE RD

TOLEDO, OH 43614

HIGHWAY

23-7297461

34-1039823

CHRIST PRESBYTERIAN	34-0869355	501(C)(3)	41,000		BALANCE OF 2015
CHURCH					SUPPORT,
4225 WEST SYLVANIA					OPERATING FUND
AVENUE					
TOLEDO,OH 43623					

5,000

50,100

GENERAL SUPPORT

CHRISTIAN

EVANGELISM

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CHURCH OF THE MOST 53-0196617 501(C)(3) 136,625 IGENERAL SUPPORT BLESSED SACRAMENT 2240 CASTLEWOOD TOLEDO, OH 43613 COMMUNITY 26-3172960 501(C)(3) 15,000 SEED THE

DOWNTOWN FACADE

IMPROVEMENT CORPORATION OF FOSTORIA OHIO 121 N MAIN ST FOSTORIA, OH 44830

BEVERLY, MA 01915

IMPROVEMENT PROGRAM CONTEXTICON LEARNING BIBLICAL RESEARCH 04-3382124 501(C)(3) 200,000 AND RESEARCH INC. 9 CONGRESS STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CORNELL UNIVERSITY 15-0532082 501(C)(3) 5,000 GIVING TUESDAY 300 DAY HALL ITHACA GRANT FOR THE ITHACA, NY 14853 CORNELL LAB OF ORNITHOLOGY -GOLDEN-WING LEADER

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

12,180

2015 DUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

COUNCILON

700

FOUNDATIONS

2121 CRYSTAL DRIVE STE

ALRINGTON, VA 22202

13-6068327

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) CRAIG HOSPITAL 84-0404233 501(C)(3) 10,000 SEA WOLF FUND 3425 SOUTH CLARKSON STREET ENGLEWOOD, CO 80113 CRAZY HORSE MEMORIAL 46-0220678 501(C)(3) 5,000 GENERAL SUPPORT FOUNDATION 12151 AVENUE OF THE CHIEFS CRAZY HORSE, SD 57730 DOVE FUND 34-1913404 501(C)(3) 14,555 GENERAL SUPPORT, PO BOX 350741 CHALLENGE MATCH TOLEDO, OH 43635 FROM VIETNAMIZE/AMERICAN CITIZENS FOR A SOLAR LIGHT PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (b) EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (q) Description of (h) Purpose of grant (a) Name and address of (c) IRC section if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance DEFIANCE COLLEGE 34-4430762 501(C)(3) 5,521 ANNUAL DISTRIBUTIONS 701 N CLINTON STREET DEFIANCE, OH 43512 5,000 DETERMINED TO DEVELOP 26-4678003 501(C)(3) GENERAL SUPPORT 143 WOODSTOCK DR AVON LAKE, OH 44012 53-0196617 501(C)(3) 26,473 DIOCESE OF TOLEDO ANNUAL SUPPORT, 1933 SPIELBUSCH AVENUE CATHOLIC SCHOOLS OFFICE - GENERAL TOLEDO, OH 43604 SUPPORT, ANNUAL DISTRIBUTION-\$1,618 30 CATHOLIC Молтн ORGANIZATION, \$1,618 30 MONSIGNOR SCHMIT CYO ATHLETIC COMPLEX, \$1,618 30 PRIESTS' RETIREMENT FUND, \$1,618 30 PRIESTHOOD

EDUCATION FUND, THE PADUA CENTER -

RESTORING POSSIBILITIES PROGRAM

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) **DOCTORS WITHOUT** 13-3433452 501(C)(3) 5,000 GENERAL SUPPORT **BORDERS USA**

501(C)(3)

13-5643799

DUCKS UNLIMITED INC -

NATIONAL HEADQUARTERS ONE WATERFOWL WAY MEMPHIS,TN 38120

333 SEVENTH AVE NEW YORK, NY 10001					
DOWNTOWN TOLEDO DEVELOPMENT CORPORATION ONE SEAGATE SUITE PL 123 TOLEDO,OH 43604	06-0529307	501(C)(3)	20,000		PARTNERS FOR PLACES VACANT LAND REUSE PROJECT

10,000

ANNUAL SUPPORT

(a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) EASTER SEALS NORTHERN 31-4380051 501(C)(3) 5,000 GENERAL SUPPORT OHIO INC 5929 W SYLVANIA SUITE C TOLEDO, OH 43623 ECONOMIC AND 31-11/55// 501/01/31 28 701 FXPANSION OF NTERPRISE VF

5,000

GIVING TUESDAY

SUPPORT

GRANT FOR GENERAL

LCONOMIC AND	31-1143344	301(0)(3)	20,/91		LYLAMOIC
COMMUNITY					ΤΟLEDO
DEVELOPMENT INSTITUTE					MICROEN
INC					INITATIV
1655 OLD LEONARD					
AVENUE					
COLUMBUS,OH 43219					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ENVIRONMENTAL DEFENSE 11-6107128

257 PARK AVENUE SOUTH

NEW YORK, NY 10010

FUND

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment other) assistance EPISCOPAL DIOCESE OF 34-0714658 501(C)(3) 29,000 PLANTING FOR OHIO TOMORROW-2230 EUCLID AVE GROWING IN FAITH CLEVELAND, OH 44115 TODAY CAMPAIGN. PLANTING FOR TOMORROW - ST PAUL'S PUT-IN-BAY, CAPITAL CAMPAIGN 35,328 FRIE SHORES COUNCIL 34-4427945 501(C)(3) SCOUTREACH. BSAFRIE SHORES COUNCIL SUPPORT, ANNUAL INC #460 DISTRIBUTION PO BOX 8728 TOLEDO, OH 43623 10,000 FAMILY AND CHILD ABUSE 34-1375936 501(C)(3) CHILDREN'S

PREVENTION CENTER 2460 CHERRY ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ADVOCACY CENTER, 2015 NONPROFIT TOLEDO, OH 43608 INNOVATION AND EXCELLENCE AWARDS - EXCELLENCE IN A LARGE

ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance **FAMILY OUTREACH** 34-1439643 501(C)(3) 5,000 YOUTH SPORTS. COMMUNITY UNITED LESSONS & CAMPS SERVICES (FOCUS) PROGRAM 2283 ASHLAND AVENUE TOLEDO, OH 43620 FARM LABOR RESEARCH 34-1329126 501(C)(3) 7,000 MOBILE MIGRANT PROJECT DBA CAMPAIGN HEALTH CLINIC FOR MIGRANT WORKER JUS SUPPORT 1221 BROADWAY ST TOLEDO, OH 43609 34-1969461 501(C)(3) 66,000 FEED LUCAS COUNTY GENERAL SUPPORT, CHILDREN INC. FLCC LEADERSHIP PO BOX 9363 TRANSITION, TOLEDO, OH 43697 PERSONNEL SUPPORT FOR NEW CHIEF EXECUTIVE OFFICER, TO SUPPORT THE EXECUTIVE DIRECTOR'S SALARY, TO HELP SUPPORT THE NEW CEO.

POSITION

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) FEEDING AMERICA 36-3673599 501(C)(3) 50,000 GENERAL SUPPORT 35 EAST WACKER DR SUITE

501(C)(3)

2000 CHICAGO,IL 60601					
FELLOWSHIP MATTERS INC 6011 RENAISSANCE PLACE STE 2	45-5242385	501(C)(3)	10,000		BUS TO MOBILE KITCHEN PROJECT

15,000

BENJAMIN BLOOM

IOXYGENATORS

TOLEDO, OH 43623 FINDLAY ROTARY 34-1403393

FOUNDATION INC

FINDLAY, OH 45840

SUITE 212

101 W SANDUSKY STREET

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) FIRST PRESBYTERIAN 34-4434675 501(C)(3) 8,500 IANNUAL GIFT CHURCH 200 EAST BROADWAY MAUMEE, OH 43537 FLORIDA STATE 59-6152180 501(C)(3) 5,000 TO BENEFIT THE COLLEGE OF

COLLABORATION WITH PATHWAY

UNIVERSITY FOUNDATION INC BUSINESS GENERAL INNOVATION PARK 2010 FUND LEVY AVENUE **BUILDING B SUITE 300** TALLAHASSEE, FL 32306

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

316 ADAMS 2ND FLOOR

TOLEDO, OH 43604

FOOD FOR THOUGHT 26-3032624 501(C)(3) 12,500 FOOD FOR THOUGHT TOLEDO INC. TOLEDO, INC.

(a) Name and address of **(b)** EIN (c) IRC section (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (d) A mount of cash organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) FORT MEIGS ASSOCIATION 27-2083636 501(C)(3) 170,000 SUPPORT FOR THE

FORT MEIGS STATE MEMORIAL PO BOX 3 PERRYSBURG,OH 43552					FORT MEIGS ASSOCIATION
FOSTORIA LEARNING CENTER	46-3336356	501(C)(3)	10,000		GENERAL SUPPORT

52,000

GENERAL SUPPORT.

CAR PROGRAM

121 N MAIN STREET FOSTORIA, OH 44830

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

FRANCISCAN SHELTERS

DBA BETHANY HOUSE

PO BOX 5930 TOLEDO, OH 43613 34-1612437

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) FRANSALIAN 75-2890061 501(C)(3) 23,700 TO SUPPORT THE MISSIONARIES INC KERALA FRANSALIAN

PO BOX 440 WHITEHOUSE,TX 75791					EDUCATIONAL SOCIETY IN INDIA
FRIENDLY CENTER INC 1324 NORTH SUPERIOR STREET	34-4428217	501(C)(3)	5,610		WINDOWS TO THE WORLD WEEKEND PROGRAM

TOLEDO, OH 43604 FRIENDS OF PORT CLINTON 20-2391698 501(C)(3) 300,000 FLAGSHIP PARKS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

105 HAYES AVENUE

PORT CLINTON, OH 43452

COLLABORATIVE

IPLAY PLACE

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) FRIENDS OF THE BLAIR 26-2673590 501(C)(3) 7,476 LANNUAL MUSEUM OF LITHOPHANES DISTRIBUTION 5403 ELMER DRIVE TOLEDO, OH 43615 FRIENDS OF THE BOYS & 34-1633047 501(C)(3) 15,000 LIFETIME GIVING SOCIETY

GIRLS CLUBS OF TOLEDO 2250 NORTH DETROIT AVENUE TOLEDO, OH 43606 FUNDERS' NETWORK FOR 57-1173613 501(C)(3) 15,000 SMART GROWTH AND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ANNUAL MEMBERSHIP LIVABLE COMMUNITIES RENEWAL, 1500 SAN REMO AVE SUITE TECHNICAL 249 ASSISTANCE FOR CORAL GABLES, FL 33146 THE OVERLAND PARK

PROJECT

(a) Name and address of **(b)** EIN (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 501(C)(3) 25,000 GEARY FAMILY YMCA 34-4439890 IFOR 2015 154 WEST CENTER STREET IOPERATIONS OF

FOSTORIA, OH 44830 FOUNDATION PARK 501(C)(3) 8.000 TO EQUIP NEW GET REAL IN CHRIST INC. 27-5151650 7483 F US HWY 36 SUITE D OFFICE

GIRL SCOUTS OF WESTERN 31-0679091 501(C)(3) 5,000 TOLEDO GIRL SCOUT

AVON.IN 46123 LEADERSHIP OHIO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TOLEDO, OH 43620

2244 COLLINGWOOD BLVD **IEXPERIENCE**

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) GLOBAL CONNECTIONS OF 20-0270609 501(C)(3) 9,000 MONTHLY BOWLING GREEN OHIO INC | OPERATING FUNDS

519 WEST WOOSTER STREET BOWLING GREEN,OH 43402					
GLOBAL GREENGRANTS FUND INC	84-1612422	501(C)(3)	25,000		SUPPORT FOR THE GRANTMAKING

BEALLSVILLE, MD 20839

2840 WILDERNESS PLACE PROGRAM

SUITE A BOULDER, CO 80301 GLOBAL SOLACE INC 27-4400089 EMPOWERING A

TANZANIA

501(C)(3) 20,000 20530 BEALLSVILLE ROAD SCHOOLIN

(a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (d) A mount of cash organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) GOOD GRIEF OF 46-0765319 501(C)(3) 15,000 GENERAL SUPPORT

NORTHWEST OHIO				
7015 SPRING MEADOWS				
DRIVE WEST				
SUITE 201				
HOLLAND,OH 43528				

20,000

100,000

GENERAL SUPPORT

GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

501(C)(3)

GRACE COMMUNITY

705 WEST STATE STREET FREMONT, OH 43420

406 W DELAWARE
TOLEDO, OH 43610
GRACE LUTHERAN CHURCH

CENTER

34-1262055

41-1568278

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) GRACE PRESBYTERIAN 23-6393377 501(C)(3) 46,625 CHALLENGE MATCH, CHURCH GENERAL SUPPORT 1171 OAKWOOD AVE

ROAD SUITE 304

COLUMBUS, OH 43235

304

TOLEDO, OH 43607					
GRACE UNITED METHODIST CHURCH 601 E BOUNDARY PERRYSBURG,OH 43551	34-0896206	501(C)(3)	5,000		BUILDING FUND
GREEN ENERGY OHIO 7870 OLENTANGY RIVER	34-1796583	501(C)(3)	10,000		COMMERCIAL PV EDUCATION AND

OUTREACH

organization or government if applicable grant cash assistance or assistance or assistance or government grant assistance or solution assistance or assistan

30,000

10,000

(d) A mount of cash

(e) A mount of non- (f) Method of valuation

(a) Description of

(h) Purpose of grant

DISTRIBUTION

BRIDGE FUND FOR

CHANGING LIVES IN VULNERABLE LUCAS

NEIGHBORHOODS, HEALTHY HOMES &

PRESERVATION

НОМЕ

COUNTY

FAMILIES
PARTNERSHIP
IMPROVE HOUSING
CONDITIONS FOR
LOWER-INCOME
PEOPLE IN LUCAS
COUNTY, REPAIRING
THE AMERICAN
DREAM MAUMEE
VALLEY HABITAT'S
HOME REHABS AND
MINISTRY

REVITALIZING

LENAWEEONE

A TIME

NEIGHBORHOOD AT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

501(C)(3)

501(C)(3)

(b) EIN

34-1584728

38-2886158

(a) Name and address of

HABITAT FOR HUMANITY -

HABITAT FOR HUMANITY

OF LENAWEE COUNTY

1205 E BEECHER ST

ADRIAN, MI 49221

BLIND INC PO BOX 151200 SAN RAFAEL, CA 94915

MAUMEE VALLEY 1310 CONANT ST

MAUMEE, OH 43537

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 46-0912382 501(C)(3) 16,000 HANCOCK COUNTY HANCOCK COUNTY PERFORMING ARTS CENTER PERFORMING ARTS PO BOX 945 CENTER ALLIANCE WITH ADTS EINDLAV OH 45830

- TINDEAT, OII 43839					1	PARTNERSHIP
HEALTHNETWORK FOUNDATION INC 33 RIVER STREET CHAGRIN FALLS,OH 44022	04-3804600	501(C)(3)	15,000			GENERAL SUPPORT, 2015 LEAD DONOR APPEAL

HEAR CARE CONNECTION 45-2803181 501(C)(3) 10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FORT WAYNE, IN 46825

IMPLEMENTATION OF INC LOW-INCOME

9604 COLDWATER RD HEARING AID CLINIC **SUITE 109** IN LUCAS COUNTY,

ЮН

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) HEIFER INTERNATIONAL 35-1019477 501(C)(3) 5,000 \$2,500 00-TOILETS FOR INDIA. 1 WORLD AVENUE LITTLE ROCK, AR 72202 \$2,500 00-NEPAL FARMING FOR WOMEN HOSPICE OF LENAWER INC. 38-2414012 501(C)(3) 14,000 GENERAL SUPPORT. 1903 WOLF CREEK FAMILY DAY CAMP HIGHWAY AND GRIEF ADRIAN, MI 49221 COUNSELING FOR CHILDREN AND THEIR

FAMILIES HOSPICE OF NORTHWEST 34-1283188 501(C)(3) 864,254 ANNUAL

OHIO

PERRYSBURG, OH 43551

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DISTRIBUTION. 30000 EAST RIVER ROAD BLADDER SCANNING

ULTRASOUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (e) Amount of non- (f) Method of valuation (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance HOTCHKISS SCHOOL 06-0647018 501(C)(3) 13,254 ANNUAL DISTRIBUTION 11 INTERLAKEN RD LAKEVILLE, CT 06039 34-1897582 501(C)(3) 9,000 SPAY/NEUTER PILOT **HUMANE OHIO** PROGRAM 3131 TREMAINSVILLE RD SUITE 1 TOLEDO, OH 43613 31-1337258 501(C)(3) 183,175 2015 NONPROFIT IMAGINATION STATION 1 DISCOVERY WAY INNOVATION AND TOLEDO, OH 43604 EXCELLENCE AWARDS - INNOVATION AWARD, IMAGINATION STATION SPARKING A PASSION FOR THE SCIENCES THAT SHAPE THE WORLD, CONTINUED FUNDING FOR THE PARENT REUNIFICATION PROJECT (MATCHING GRANT WITH LOCKREY MANUFACTURING), GIVING TUESDAY GRANT FOR SPECIAL PROJECTS, IDEA LAB (PROTOTYING WORKSHOP

EXPENSES & EXHIBIT

CONTRACT DEPOSITS)

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance INDIAN RIVER HOSPITAL 59-0760215 501(C)(3) 10,000 EAGLE FOUNDATION

501(C)(3)

1000 36TH STREET VERO BEACH,FL 32962					
INDIAN RIVER LAND TRUST 80 ROYAL PALM POINTE SUITE 301	65-0059649	501(C)(3)	5,000		STEWARDSHIP ENDOWMENT FUND

5,000

GENERAL SUPPORT

VERO BEACH, FL 32960 INTERNATIONAL BOXING 34-1871057

CLUB INC

5963 TELEGRAPH RD TOLEDO, OH 43612

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance other) or government assistance INTERNATIONAL 34-1811907 501(C)(3) 25,000 GENERAL SUPPORT SAMARITAN 803 N MAIN ANN ARBOR MI 48104 INTERVIVOS FOUNDATION 46-4018328 501(C)(3) 15,000 GENERAL SUPPORT 303 FAST WACKER DRIVE **SUITE 2725** JEWISH COMMUNITY 45-3910992 501(C)(3) 16,000 PROVIDE JEWISH EDUCATION TO

ADULTS AND

CHILDREN IN

PHOENIX AREA AND

HELP CLOTHE, FEED AND PROVIDE SOCIAL SUPPORT TO JEWS IN PHOENIX AND OVERSEAS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUITE 2725
CHICAGO,IL 60601

JEWISH COMMUNITY
ASSOCIATION OF GREATER
PHOENIX
12701 NORTH SCOTTSDALE
ROAD
SCOTTSDALE,AZ 85254

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Name and address of (c) IRC section (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) TONSSON CANCER CENTER 95-2242757 501(C)(3) 10,000 ACCELERATING FOUNDATION - UCLA BREAKTHROUGH 8-950 FACTOR BUILDING THERAPIES FOR PO BOX 951780 CANCER 951780 LOS ANGELES, CA 90095 170,377 JOSINA LOTT 23-7365555 501(C)(3) MULTIPLE CAPITAL FOUNDATION IMPROVEMENT 120 S HOLLAND-SYLVANIA PROJECTS. ROAD TELECOMMUNICATION TOLEDO, OH 43615 AND AUDIO/VISUAL SYSTEM UPGRADES, CONSTRUCTION OF MULTI-PURPOSE BUILDING, MULTIPLE CAPITAL IMPROVEMENT PROJECTS 20-4487408 501(C)(3) 92,295 KIDS UNLIMITED INC GENERAL SUPPORT, 5813 MONROE STREET KIDS UNLIMITED, SUITE 120 INC OPERATIONAL SYLVANIA, OH 43560 COSTS, KIDS UNLIMITED ACADEMIC SUPPORT, CHALLENGE MATCH TO MONIES FROM STUDENT FAMILIES, OLD WEST END ACADEMY SITE

PROGRAM

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) LAW AND LEADERSHIP 26-4709314 501(C)(3) 20,000 PREPARING INSTITUTE LLC ISTUDENTS FOR THE 1700 LAKE SHORE DRIVE RIGORS OF COLLEGE

COLUMBUS,OH 43204					WRITING AND ANALYSIS
LEADERSHIP TOLEDO 316 ADAMS STREET TOLEDO,OH 43604	34-1197734	501(C)(3)	30,835		2014-2015 YIPEE PROGRAM, 2015- 2016 YIPEE

316 ADAMS STREET
TOLEDO, OH 43604

LEELANAU CONSERVANCY 38-2710855 501(C)(3) 6,000

GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STREET

LELAND, MI 49654

(b) EIN (e) A mount of non- (f) Method of valuation (h) Purpose of grant (a) Name and address of (c) IRC section (d) A mount of cash (a) Description of organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance LIAL CATHOLIC SCHOOL 31-1562232 501(C)(3) 20,000 A PURPOSEFUL BUILD, GENERAL 5700 DAVIS RD WHITEHOUSE, OH 43571 SUPPORT 34-1632308 501(C)(3) 30.000 PLANTING A SEED TO LIBRARY LEGACY **FOUNDATION OF THE** READ CAMPAIGN. INCLUDING SPECIAL PROGRAMMING WITH IEMPHASIS ON THE

TOLEDO-LUCAS COUNTY LIBRARY 325 MICHIGAN STREET TOLEDO, OH 43604

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SOUTH TOLEDO AREA 20-1155725 501(C)(3) 5,000 LINDSEY VOLUNTEER FIRE ILVED COMMUNITY

DEPARTMENT FIRE STATION

238 S MAIN STREET CAPITAL CAMPAIGN -HONOR GUARD LEVEL LINDSEY, OH 43442

(h) Purpose of grant (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment other) assistance LITTLE SISTERS OF THE 34-0901052 501(C)(3) 5.000 SENIOR CENTER POOR PROGRAM - SACRED 930 S WYNN ROAD HEART HOME -LITTLE OREGON, OH 43616 SISTERS OF THE POOR LOURDES UNIVERSITY 34-1226547 501(C)(3) 54,476 LOURDES FUND -6832 CONVENT 2015 GIFT, TO BOULEVARD SUPPORT STUDENT SYLVANIA, OH 43560 SCHOLARSHIPS (LUMINATIONS 2016), TO FUND AN FXISTING SCHOLARSHIP FOR NURSING STUDENTS. MAKULINSKI MID-CAMPUS CHALLENGE 15,000 501(C)(3) TO SUPPORT THE ONE GOVERNMENT CENTER DOUBLE UP FOOD

BUCKS PROGRAM AT

ASSOCIATION OF

THE FARMERS MARKET

ΠΟLEDO

LUCAS COUNTY AUDITOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUITE 600

TOLEDO, OH 43604

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance LUCAS COUNTY REGIONAL 34-6400806 501(C)(3) 18,000 PUBLIC HEALTH HEALTH DISTRICT VISION CLINIC 635 NORTH FRIE STREET 370

TOLEDO,OH 43604					
LUCAS RESIDENT SERVICES CORPORATION 435 NEBRASKA AVENUE TOLEDO,OH 43604	27-2796499	501(C)(3)	5,000		WELL2UNITY' BOOT CAMP

LUTHERAN SOCIAL 34-4428225 501(C)(3) 000,8 SERVICES OF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NORTHWESTERN OHIO LUTHERAN

PROJECT

LUTHERAN SOCIAL SERVICES AND 2149 COLLINGWOOD BLVD MINISTRIES OF TOLEDO, OH 43620 MERCY AFFILATION

ıf applıcable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) MAGDALEN COLLEGE 02-0309681 501(C)(3) 16,183 SCHOLARSHIP (IN 511 KEARSAGE MOUNTAIN MEMORY OF REV ROAD THOMAS SPARKS) WARNER, NH 03278 FOR THIRD AND FOURTH YEAR ISTUDENTS WITH A B

(e) Amount of non- (f) Method of valuation

(h) Purpose of grant

OR HIGHER GRA

CAPITAL

ANNUAL

FINAL,

DISTRIBUTION, CAPITAL CAMPAIGN

FUND

(g) Description of

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

501(C)(3)

(d) A mount of cash

(a) Name and address of

MAUMEE VALLEY COUNTRY

1715 S REYNOLDS RD

TOLEDO, OH 43614

DAY SCHOOL

(b) EIN

34-4431301

					OK III GIILK GPA
MAKE-A-WISH FOUNDATION OHIO KENTUCKY & INDIANA NORTHWEST OHIO REGION 1745 INDIAN WOOD CIRCLE SUITE 130 MAUMEE,OH 43537	34-1471131	501(C)(3)	6,400		GRETCHEN GOTTHART SKELDON WISH
				l .	

158,254

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) MAYO CLINIC 41-6011702 501(C)(3) 10,000 TO SUPPORT 200 FIRST STREET SW RESEARCH, IN OR &

ROCHESTER,MN 55905					MEMORY OF DR &
					MRS RICHARDA
					THEYE
MEDINA CREATIVE HOUSING INC	34-1712565	501(C)(3)	5,000		GENERAL SUPPORT

25,000

GENERAL SUPPORT

1120 N HUNTINGTON ST MEDINA,OH 44259

501(C)(3)

MERCY COLLEGE OF

NORTHWEST OHIO DBA MERCY COLLEGE OF OHIO 2221 MADISON AVENUE TOLEDO, OH 43624

34-1726619

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(b) EIN (g) Description of (a) Name and address of (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) 501(C)(3) 67,321 METROPARKS OF THE 57-1138357 WINDOWSON WILDLIFE, ANNUAL TOLEDO AREA 5100 WEST CENTRAL AVE DISTRIBUTION TOLEDO, OH 43615 MOBILE MEALS OF TOLEDO 34-1019610 501(C)(3) 30,000 KITCHEN EQUIPMENT 2200 IEFFERSON AVENUE FUND, KITCHEN

EOUIPMENT TOLEDO, OH 43604 UPGRADE

5,000

FAMILY WELLNESS

PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

34-1710362

MOM'S HOUSE

2505 FRANKLIN AVENUE

TOLEDO, OH 43610

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) MONROE COUNTY 38-1814239 501(C)(3) 15,000 MONROE COUNTY OPPORTUNITY PROGRAM FOOD BANK / 1140 S TELEGRAPH ROAD HOMELESS MONROE, MI 48161 ASSISTANCE FUND. HOMELESS ASSISTANCE FUND AND THE MONROE COUNTY FOOD BANK 38-1508585 501(C)(3) 10,000 THE MONROE FAMILY YMCA YEAR ROUND FOOD PROGRAM 45-2399965 501(C)(3) 31,892 MAKE IT HAPPEN'

MONROE FAMILY YMCA 1111 WEST FLM AVENUE MONROE, MI 48162

NATIONAL CHURCH

2335 NORTH BANK DRIVE COLUMBUS, OH 43220

RESIDENCES PROGRAM IN TOLEDO

(a) Name and address of **(b)** EIN (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) NATIONAL FOUNDATION 58-2103707 501(C)(3) 151,485 THE ROOT CAUSE FOR THE CENTERS FOR COALITION -DISEASE CONTROL & HUNGER IS A HEALTH PREVENTION INC. ISSUE RESEARCH 55 PARK PLACE NE SUITE 400 ATLANTA, GA 30303 NATIONAL PARK TRUST 52-1691924 501(C)(3) 40,000 KIDS TO PARKS DAY 401 F JEFFERSON STREET 2015, KIDS TO PARKS 203 DAY NATIONAL ROCKVILLE, MD 20877 SCHOOL CONTEST

15,000

SOLAR POWER AT

PRESERVE

INDEPENDENCE LAKE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

NATURE CONSERVANCY

ARLINGTON, VA 22203

4245 NORTH FAIRFAX

DRIVE SUITE 100

53-0242652

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) NEIGHBORHOOD HOUSING 34-1230687 501(C)(3) 41,500 OWENI 2015 SUMMER SERVICES OF TOLEDO INC. PROJECTS. PO BOX 8125 704 SECOND OVERLAND PARK STREET NEIGHBORHOOD TOLEDO, OH 43605 ENGAGEMENT NORTHERN CAMBRIA 26,042 TRACK RESURFACING 501(C)(3) SCHOOL DISTRICT 601 JOSEPH STREET NORTHERN CAMBRIA, PA 15714 OHIO ENVIRONMENTAL 31-0805578 501(C)(3) 20,000 GENERAL SUPPORT COUNCIL 1145 CHESAPEAKE AVE SUITE I

COLUMBUS, OH 43212

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) OHIO FOUNDATION OF 31-4441082 501(C)(3) 27,500 THE FIRST SOLAR INDEPENDENT COLLEGES CORPORATION 250 EAST BROAD ST SUITE SCHOLARSHIP 1700 **PROGRAM** COLUMBUS, OH 43215 OHIO PRESBYTERIAN 34-4429863 501(C)(3) 17,614 DAILY LIVING NEEDS RETIREMENT SERVICES -OF ELDERLY WOMEN. SWAN CREEK SYMPHONY CHAMBER 1001 KINGSMILL PARKWAY SERIES AT SWAN COLUMBUS, OH 43229 CREEK RETIREMENT VILLAGE OHIO STATE UNIVERSITY 31-1145986 501(C)(3) 20,000 GIVING TUESDAY FOUNDATION GRANT - TO SUPPORT OFFICE OF DEVELOPMENT SCHOOL TRIPS TO 1480 W | ANF STONE LAB, STONE AVENUE LAB - SUMMER 2015 COLUMBUS, OH 43221 SCHOLARSHIPS FOR IOTTAWA COUNTY HIGH SCHOOL STUDENTS, COLLEGE STUDENTS AND

TEACHERS

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 34-4461567 501(C)(3) 49,000 2015 BUDGET. OLIVET EVANGELICAL PORT

LUTHERAN CHURCH 5840 MONROE STREET					GENERAL SUPPO
SYLVANIA,OH 43560					
OPEN DOOR MINISTRY I 2823 CHERRY ST	NC 34-1555495	501(C)(3)	10,000		2015 GENERAL OPERATIONS

50,708

2015 OPERATIONAL

COSTS, COMMUNITY

GRANTMAKING -

NEEDS

2015

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

OTTAWA COUNTY

P O BOX 36

COMMUNITY FOUNDATION

PORT CLINTON, OH 43452

34-1899124

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) OTTAWA COUNTY 34-1744958 501(C)(3) 6,521 2015 ANNUAL TRANSITIONAL HOUSING DISTRIBUTION INC 1848 E PERRY ST STE 60

FUNDING

PORT CLINTON, OH 43452					
OTTAWA NATIONAL WILDLIFE REFUGE ASSOCIATION	34-1904821	501(C)(3)	20,000		GENERAL SUPPORT
14000 WEST STATE ROUTE 2					
OAK HARBOR, OH 43449					

30,000 PARTNERS IN EDUCATION 34-1772429 501(C)(3) 2015-2016 ASA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1500 N SUPERIOR SUITE

TOLEDO, OH 43604

306

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) PEACE LUTHERAN CHURCH 36-3514295 501(C)(3) 10,000 CHURCH FINANCES 1021 W WOOSTER AT THE DISCRETION LO E THE CHINCH DOMETHIC CREEN OF

43402					l I	COUNCIL
PERRYSBURG HEIGHTS COMMUNITY ASSOCIATION PO BOX 612	31-1329031	501(C)(3)	16,776			2015 FUND DISTRIBUTION

PERRYSBURG, OH 43552 PHILANTHROPY OHIO 31-1111842 501(C)(3) 9,975

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUITE 900

COLUMBUS, OH 43215

2015 DUES 500 SOUTH FRONT STREET

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) 02-0222174 70,000 PHILLIPS EXETER 501(C)(3) PERFORMING ARTS. ACADEMY ANNUAL SUPPORT 20 MAIN STREET EXETER, NH 03833 26-3677745 501(C)(3) 5,000 BEN ATHERTON

PIKE DELTA YORK SCHOOL DISTRICT FOUNDATION 504 FERNWOOD ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TOLEDO, OH 43607

IMEMORIAL DELTA,OH 43515

SCHOLARSHIP FUND 34-1441574 10,000 PARKING LOT

PREGNANCY CENTER OF 501(C)(3) GREATER TOLEDO

RENOVATION &

716 N WESTWOOD EXPANSION PROJECT

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) 36-3667121 501(C)(3) 18,000 NORTTHWEST OHIO PREVENT BLINDNESS OHIO 1500 WEST THIRD AVENUE VISION CARE SUITE 200 OUTREACH PROGRAM COLUMBUS, OH 43212 PROCTOR ACADEMY 02-0222179 501(C)(3) 10,000 THE PROCTOR FUND 204 MAINE STREETPO BOX 500 ANDOVER, NH 03216

SUMMER CYCLING

PROGRAM

75-3159584 501(C)(3) 20,000 PEAC TOLEDO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PROGRAMS TO EDUCATE ALL CYCLISTS (PEAC)

YPSILANTI, MI 48197

32 N WASHINGTON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) PROMEDICA FOUNDATION 34-1517672 501(C)(3) 850,000 FOR THE FOOD 5217 MONROE ST SUITE A1 PHARMACY PROGRAM TOLEDO.OH 43623 INITIATIVE, EBEID INSTITUTE FOR POPULATION HEALTH CONSTRUCTION PROMEDICA HEALTH 34-1517671 501(C)(3) 166,050 TOMOSYNTHESIS. SYSTEM INC SUMMER YOUTH 1801 RICHARDS ROAD **IEMPLOYMENT** TOLEDO, OH 43607 PROGRAM IN CONJUNCTION WITH UNITED WAY PROMEDICA MEMORIAL 34-4430849 501(C)(3) 100,000 PROMEDICA HOSPITAL MEMORIAL HOSPITAL 715 SOUTH TAFT AVENUE (FREMONT) - CANCER

CENTER'S HEALING

GARDEN

FREMONT, OH 43420

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) PROMEDICA TOLEDO 34-1517672 501(C)(3) 6,390 GRANT FROM THE CHILDREN'S HOSPITAL WINTERFEST GAME FOUNDATION WORN JERSEY CONRAD JOBST TOWER AUCTION (DECEMBER 2109 HUGHES BLVD 27, 2014) SUITE 730 TOLEDO, OH 43606 PUBLIC BROADCASTING 34-6554586 501(C)(3) 27,050 GIVING TUESDAY **FOUNDATION OF** GRANT FOR GENERAL NORTHWEST OHIO SUPPORT, MORNING 1270 SOUTH DETROIT EDITION, CARTALK -ATC, EXPLORING **AVENUE PO BOX 30** 3.0 MUSIC (2015). TOLEDO, OH 43614 05/03/15-05/02/16 WGTE TV SATURDAY NIGHT SPONSORSHIP 34-1516490 501(C)(3) 19,750 READ FOR LITERACY INC. \$1000 - MAUMEE 325 NORTH MICHIGAN SCHOOLS CREATING STREET YOUNG READERS TOLEDO, OH 43604 PROJECT, \$8,500 -ENGLISH AS A SECOND LANGUAGE AND THE CREATING FAMILY READERS PROGRAMS FOR THE SOUTH TOLEDO CORRIDOR, CREATING FAMILY

READERS

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) RIDERS UNLIMITED INC 31-1556902 501(C)(3) 5,000 TO HELP SUPPORT 3140 N BEHLMAN RD PURCHASE OF A O A K U A D D O D O U 4 2 4 4 0 MOTODIZED LIET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 426

PORT CLINTON, OH 43452

OAK HARBOR, OH 43449					AND GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF ANN ARBOR 1600 WASHINGTON HEIGHTS	38-2473817	501(C)(3)	10,000		FIRST PAYMENT OF \$25,000 00

ANN ARBOR, MI 48104 ROTARY CLUB OF PORT 34-1721253 501(C)(3) 000,8 NEW CONCESSION CLINTON FOUNDATION TRAILER INC

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance RUTHERFORD B HAYES 34-6502740 501(C)(3) 14,000 SPIEGEL GROVE PRESIDENTIAL CENTER DIRECTIONAL 1 SPIEGEL GROVE GROUND SIGNS FREMONT, OH 43420 FUNDRAISER ON

SADR FOUNDATION 4241 MAPLE STREET SUITE 250 A DEARBORN,MI 48126	38-3459402	501(C)(3)	10,000		SPRING FU DONATIO
BENNES KIT,TIT TOTES					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALVATION ARMY 13-5562351 55,000 501(C)(3) NORTHWEST OHIO AREA SERVICES TO SERVICES

TO HELP PROVIDE RESIDENTS OF 620 N ERIE ST FULTON COUNTY OH, BRIDGING THE GAP TOLEDO, OH 43604

PROGRAM

(a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (d) A mount of cash (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) 501(C)(3) 40,000 SANDUSKY COUNTY SHARE 34-1671911 ISANDUSKY COUNTY & CARE CENTER ISHARE AND CARE PO BOX 392 RELOCATION AND FREMONT, OH 43420 **EXPANSION PROJECT** SAUDER VILLAGE 23-7042835 501(C)(3) 5,000 GRIME HOMESTEAD PO BOX 235 ARCHBOLD, OH 43502

01-0683427 501(C)(3) 5,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LUCKEY, OH 43443

SERENITY FARM

GENERAL SUPPORT EOUESTRIAN CENTER 21870 LEMOYNE ROAD

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SHRINERS HOSPITAL FOR 36-2193608 501(C)(3) 10,000 TO SUPPORT THE CHILDREN - PERRYSBURG CHILDREN'S CHAPTER ZENOBIA HOSPITALS SHRINERS SUAS BDOADSTONE AVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PERRYSBURG, OH 43571					
SIOP FOUNDATION INC 440 EAST POE RD SUITE 101 BOWLING GREEN OH	34-1875995	501(C)(3)	26,300		\$22,500 SMALL GRANTS, \$3,550 SCHOLARSHIPS AND \$250 FLANAGAN

30,000

FRIENDS CAMPAIGN.

CAMPAIGN SUPPORT

SECOND OF FIVE

PAYMENTS

DO WLING GREEN, OR 43402

34-4428251

SISTERS OF NOTRE DAME

3837 SECOR ROAD

TOLEDO, OH 43623

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SISTERS OF PROVIDENCE 04-2108390 501(C)(3) 8,576 LANNUAL **5 GAMELIN STREET** DISTRIBUTION HOLVOVE MA 01040

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

522 CRITTENDEN TOLEDO, OH 43609

HOLTOKE, MA 01040					
SISTERS OF SOCIAL	53-0196617	501(C)(3)	5,000		PHILIPPINES
SERVICE	1				COLLEGE
4316 LANAI ROAD					SCHOLARSHIP FUND
ENCINO,CA 91436					FOR MICHELE
· ·	1				MAISH'S MISSION

ENCINO,CA 91436					FOR MICHELE WALSH'S MISSION WORK
SOFIA QUINTERO ART & CULTURAL CENTER 522 CRITTENDEN	34-1925216	501(C)(3)	10,000		SQACC BROADWAY EDIBLE URBAN GARDEN & GREEN

SPACE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SOUL CITY BOXING & 27-1960452 501(C)(3) 5,000 SUPPORTING AN WRESTLING GYM ATHLETIC PROGRAM 801 JUNCTION FOR UNDERSERVED TOLEDO, OH 43607 YOUTH AT SOUL CITY BOXING & WRESTLING GYM SOUTHEASTERN GUIDE 59-2252352 501(C)(3) 20,000 GENERAL SUPPORT DOGS INC 4210 77TH ST EAST PALMETTO, FL 34221 SOUTHERN 62-1190942 501(C)(3) 20,000 IDEAS YOUTH SOLAR NEIGHBORHOODS TECHNICIAN NETWORK DBA IDEAS EDUCATION 702 DANCING FOX ROAD

DECATUR, GA 30032

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization if applicable arant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) SPECIAL COMMISSION 34-1707811 501(C)(3) 10,000 MEDICAL ON RELIEF & FDUCATION SUPPLIES/DISASTER OF THE FILIPINO RELIEF PROGRAM ASSOCIATION OF TOL SUPPORT PO BOX 715 MAUMEE, OH 43537 ST ALOYSIUS CHURCH 53-0196617 501(C)(3) 8,576 ANNUAL PO BOX 485 150 S DISTRIBUTION ENTERPRISE ST BOWLING GREEN, OH 43402 ST FRANCIS DE SALES 34-4465715 501(C)(3) 85,000 CAPITAL CAMPAIGN -HIGH SCHOOL FINAL OF FOUR 2323 W BANCROFT PAYMENTS, ANNUAL STREET FUND, ENDOWMENT TOLEDO, OH 43607 FUND, GARY BRYAN & DIM NEARY HARRIER SCHOLARSHIP FUND, COURAGE/LEADERSHIP/LEGACY

CAMPAIGN

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ST JEROME PARISH 53-0196617 501(C)(3) 12,500 2015 BUILDING 300 WARNER STREET FUND, PURCHASE OF WALBRIDGE, OH 43465 ISTATUE OF ST

 	===.			
				WILCZYNSKI
				AND HENRIETTA
				MARYJANE ANTOINE
				MEMORY OF
				PEREGRINE, IN

ST JOAN OF ARC PARISH 53-0196617 501(C)(3) 21,000 5856 HEATHERDOWNS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PERRYSBURG, OH 43551

CAPITAL CAMPAIGN FIRST OF FIVE BLVD PAYMENTS, ANNUAL

TOLEDO,OH 43614					GIFT
ST JOHN XXIII PARISH	20-5031249	501(C)(3)	7,500		SUPPORT FOR THE

TOMORROW CAMPAIGN

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance STIABRE INDIAN SCHOOL 81-0244542 501(C)(3) 109,300 GENERAL SUPPORT PO BOX 797 ASHLAND, MT 59003 ST MATTHEW'S EPISCOPAL 31-1629166 501(C)(3) 10,000 GENERAL SUPPORT CHURCH 5240 TALMADGE ROAD TOLEDO, OH 43623 31-1629166 501(C)(3) 39,600 CALENDAR YEAR 2016 SUPPORT, IN MEMORY OF NANCY MORRISON, SPECIAL PRO 1FCTS

CAMPAIGN, TITHE FROM PAUL SMITH AND KATHRYN BARRETT - 2015, 2015 ANNUAL SUPPORT,

FACILITIES REPAIR

ST MICHAEL'S IN THE
HILLS EPISCOPAL CHURCH
4718 BRITTANY ROAD
TOLEDO,OH 43615

31-1629166

501(C)(3)

39,600

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) ST PATRICK OF 53-0196617 501(C)(3) 12,000 GENERAL SUPPORT HEATHERDOWNS CHURCH 4201 HEATHERDOWNS

BLVD TOLEDO,OH 43614					
ST PAUL'S COMMUNITY CENTER PO BOX 9564	34-1252554	501(C)(3)	10,000		FOOD

TOLEDO, OH 43604 ST PAUL'S EPISCOPAL 34-0714658 501(C)(3) 30,000 ANNUAL CHURCH DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

206 NORTH PARK AVENUE FREMONT, OH 43420

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ST PAUL'S EPISCOPAL 31-1629166 501(C)(3) 32,000 ANNUAL '14, CAPITAL CAMPAIGN CHURCH 310 ELIZABETH STREET MAUMEE, OH 43537 ST PAUL'S EVANGELICAL 41-1568278 501(C)(3) 17,500 MALAWI MISSIONS -LUTHERAN CHURCH DEEP WATER WELLS 9144 LEWIS AVENUE PROJECT TEMPERANCE, MI 48182 ST PETER SCHOOL 53-0196617 501(C)(3) 53,699 IANNUAL (TRANSFIGURATION OF DISTRIBUTION, THE LORD CATHOLIC 2015-2016 GENERAL PARISH) OPERATIONS 225 NORTH 8TH STREET UPPER SANDUSKY, OH

43351

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (d) A mount of cash (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) 501(C)(3) 5,700 ST PIUS X PARISH 53-0196617 IADOPT A PUMA 3011 CARSKADDON AVE SCHOLARSHIP TOLEDO.OH 43606 ST ROSE PARISH 501(C)(3) 20.000 53-0196617 BUILDING FUND 215 EAST FRONT STREET PERRYSBURG, OH 43551 ST THOMAS MOORE 53-0196617 501(C)(3) 5,000 \$2,500 - ANNUAL UNIVERSITY PARISH APPEAL FUND AND 425 THURSTIN AVENUE \$2,500 - ST VINCENT

BOWLING GREEN, OH

43402

DEPAUL SOCIETY

FOR THE FOOD BANK

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ST TIMOTHY'S EPISCOPAL 34-0714658 501(C)(3) 54,754 GENERAL SUPPORT, CHURCH GENERAL FUND. 871 EAST BOUNDARY LANNUAL I, ST

STREET PERRYSBURG,OH 43551					DISTRIBUTION, ST TIMOTHY'S ENDOWMENT FUND
ST VINCENT DE PAUL SOCIETY ST WENDELIN CONFERERENCE INC	27-5066713	501(C)(3)	10,000		"HELPING OTHERS DURING THEIR TIME OF NEED WITH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FOSTORIA, OH 44830

SOCIETY ST WENDELIN CONFERERENCE INC 323 N WOOD ST FOSTORIA,OH 44830					DURING THEIR TIME OF NEED WITH UTILITY PAYMENTS"
ST WENDELIN PARISH & SCHOOLS 323 NORTH WOOD STREET	34-4441016	501(C)(3)	36,282		ANNUAL DISTRIBUTION, ANNUAL FUND

organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ST WENDELIN SCHOOLS 34-1564536 501(C)(3) 50,000 GENERAL SUPPORT EDUCATIONAL

(e) A mount of non- (f) Method of valuation

(g) Description of

(h) Purpose of grant

THE STRANAHAN

MEMORIAL FUND

GRACE A GOSSENS

APPLICATION 2015

THEATER

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

(c) IRC section

FOUNDATION PO BOX 836 FOSTORIA,OH 44830					
STRANAHAN THEATER TRUST 4645 HEATHERDOWNS	34-6560639	501(C)(3)	288,075		GENERAL SUPPORT, OPERATIONAL OR CAPITAL NEEDS OF

5,000

TOLEDO, OH 43614

SUNSET RETIREMENT

4040 INDIAN ROAD

TOLEDO, OH 43606

COMMUNITIES

BLVD

(a) Name and address of

(b) EIN

34-4428230

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance SUNSHINE FOUNDATION 34-1456069 501(C)(3) 25,000 CREATING NEW INC COMMUNITY HOMES 7223 MAUMEE WESTERN FOR PEOPLE WITH ROAD DEVELOPMENTAL MAUMEE, OH 43537 DISABILITIES SUNSHINE INC. 34-4441627 501(C)(3) 11,400 GROUP HOME RESIDENTIAL AND CAPITAL CAMPAIGN. SUPPORT SERVICES **ADAPTIVE** 7223 MAUMEE WESTERN COMMUNICATION ROAD DEVICES MAUMEE, OH 43537 SUSAN G KOMEN BREAST 75-2845063 501(C)(3) 19,900 GENERAL SUPPORT,

RINK FUNDRAISING

WEEKEND PROCEEDS

WALLEYE PINK IN THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CANCER FOUNDATION INC. AKA SUSAN G KOMEN FOR THE CURE

3100 WEST CENTRAL AVE

2ND FLOOR TOLEDO, OH 43606

(a) Name and address of **(b)** EIN (e) Amount of non- (f) Method of valuation (c) IRC section (d) A mount of cash (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) 501(C)(3) 17,500 SYLVANIA AREA FAMILY 34-1125908 WEEKEND BACKPACK SERVICES INC. FOOD PROGRAM. 5440 MARSHALL ROAD SYLVANIA WEEKEND SYLVANIA, OH 43560 BACKPACK PROGRAM THE 577 FOUNDATION 34-1591869 501(C)(3) 574,140 GENERAL OPERATING 577 F FRONT STREET SUPPORT, 2015 PERRYSBURG, OH 43551 OPERATING NEEDS THE CHADTOUGH 47-4041494 501(C)(3) 5,000 IN MEMORY OF CHAD

FOUNDATION IC A R R

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 907 SALINE, MI 48176

(b) EIN (a) Name and address of (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) THE COCOON SHELTER 20-1011222 501(C)(3) 30,360 IP RO GRAM P O BOX 1165 **EXPANSION TO** BOWLING GREEN, OH INCREASE SAFETY & ACCESS FOR 43402 VICTIMS OF DOMESTIC VIOLENCE IN WOOD COUNTY, BRIDGE TO INCREASE SAFETY, ADVOCACY, AND ACCESS FOR ES AFFECTED IESTIC ICE ONE ROOF

					FAMILIE BY DOME VIOLENC
THE DOWNTOWN FOUNDATION INC 121 EAST WOOSTER STREET BOWLING GREEN, OH	27-1663969	501(C)(3)	20,000		UNDER C PROJECT

200

TOLEDO, OH 43617

43402 THE HOSPITAL COUNCIL 34-1116795 501(C)(3) 41,250 LUCAS COUNTY OF NORTHWEST OHIO INFANT MORTALITY 3231 CENTRAL PARK WEST REDUCTION DRIVE SUITE INITIATIVE

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) THE NATURE 53-0242652 501(C)(3) 50,000 GIVING TUESDAY CONSERVANCY - OHIO GRANT FOR GENERAL CHAPTER SUPPORT 6375 RIVERSIDE DRIVE **SUITE 100** DUBLIN, OH 43017 THE NORMA STARK 45-4223843 501(C)(3) 31,175 ANNUAL MEMORY GARDEN AND DISTRIBUTION -LABYRINTH GENERAL SUPPORT

PROGRAMS

THE NORMA STARK
MEMORY GARDEN AND
LABYRINTH
P O BOX 410
PERRYSBURG, OH 43552

THE SALVATION ARMY - 38-1370971 501(C)(3) 31,175

ANNUAL
DISTRIBUTION GENERAL SUPPORT
5,000

FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HILLSDALE

160 EAST BACON STREET HILLSDALE, MI 49242

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) THE STONE TRUST 06-0552923 20,000 ALL FOR THE HALL 501(C)(3) CORPORATION PO BOX 201592 NEW HAVEN, CT 06520 THE TAIMEN FUND 03-0544897 501(C)(3) 25,000 CAPITAL PO BOX 608 BOZEMAN, MT 59771 THE TOLEDO CLUB 34-1845898 501(C)(3) 24,100 CHARITABLE HISTORIC EASEMENT

LINTELS

235 14TH STREET TOLEDO, OH 43624

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

- RESTORATION OF 11 CASEMENT

WINDOWSAND REPAIR OF 9 STEEL

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance THE TOLEDO HOSPITAL 501(C)(3) 13,254 ANNUAL 34-4428256

2142 NORTH COVE BOULEVARD TOLEDO,OH 43606			·		DISTRIBUTION
THE TURTLE SURVIVAL ALLIANCE FOUNDATION	20-0785702	501(C)(3)	10,000		GENERAL SUPPORT

501(C)(3)

THE UNIVERSITY CHURCH

4747 HILL AVENUE

TOLEDO, OH 43615

35-2484010

TOLEDO,OH 43606					
THE TURTLE SURVIVAL	20-0785702	501(C)(3)	10,000		GENERAL SUPPO
ALLIANCE FOUNDATION					1
1989 COLONIAL PKWY					1
FORT WORTH, TX 76110					

27,500

REYNOLDS

OUTREACH

INITIATIVE, GENERAL SUPPORT

Form 990,Schedule I, Par	t II, Grants and	d Other Assistance	e to Domestic Org	anizations and C	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF TOLEDO FOUNDATION 2801 WEST BANCROFT STREET MS 318 TOLEDO,OH 43606	34-6555110	501(C)(3)	159,000				TO SUPPORT THE UNIVERSITY OF TOLEDO ATHLETICS, SUPPLIES FOR THE COMMUNITYCARE CLINICS, MEDICAL RESEARCH SOCIETY, NORMAN C KLOPPING ENGINEERING SCHOLARSHIP FUND FOR THE COLLEGE OF ENGINEERING FROM DR INGE AND MR JEFFREY KLOPPING, CENTER FOR HEALTH AND SUCCESSFUL LIVING'S HEALTH EDUCATION COMMUNITY OUTREACH PROGRAMMING AND EVENTS CONNECTING AT RISK AND UNDERSERVED PATIENTS TO HEALTHCARE, THE UNIVERSITY OF TOLEDO ATHLETIC DEPARTMENT - LARIMER COMPLEX, PARTNERS AGAINST HUMAN TRAFFICKING PROJECT, ENDOWED PROFESSORSHIP IN PARKINSON'S DISEASE FUND
TOLEDO ANIMAL SHELTER ASSOCIATION INC 640 WYMAN ROAD TOLEDO,OH 43609	34-4434000	501(C)(3)	52,576				2015 DISTRIBUTION
TOLEDO AREA CHAMBER FOUNDATION 300 MADISON AVENUE TOLEDO,OH 43604	34-1342220	501(C)(3)	5,000				INTERNATIONAL TRADE ASSISTANCE CENTER SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) TOLEDO BALLET 34-6542001 501(C)(3) 23,400 ADAPTIVE DANCE ASSOCIATION INC PROGRAM, GENERAL 5327 MONROE STREET SUPPORT

- FOR

GENERAL SUPPORT

TOLEDO,OH 43623					
TOLEDO BOTANICAL GARDEN 5403 ELMER DRIVE TOLEDO.OH 43615	34-1350559	501(C)(3)	5,000		DISTRIBUTION - CAPITAL IMPROVEMENTS

5,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

TOLEDO CHRISTIAN

2303 BROOKFORD DRIVE TOLEDO, OH 43614

SCHOOLS

34-1308159

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (e) A mount of non- (f) Method of valuation **(b)** EIN (c) IRC section (d) A mount of cash (h) Purpose of grant (a) Name and address of (a) Description of ıf applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) TOLEDO CULTURAL ARTS 34-1385037 501(C)(3) 7,000 TO SUPPORT THE CENTER AT THE 2015 VALENTINE VALENTINE THEATRE GALA 410 ADAMS STREET TOLEDO, OH 43604 501(C)(3) 53,606 TOLEDO MUD HENS SUPPORT FOR THE BASEBALL CLUB INC 2014 MUDDY'S FIFTH THIRD FIELD 406 KNOTHOLE CLUB AND SCHOOLS DAYS WASHINGTON STREET CELEBRATION GAMES, SUPPORT TOLEDO, OH 43604 FOR THE 2015 MUDDY'S KNOTHOLE CLUB 501(C)(3) 1,108,524 TOLEDO MUSEUM OF ART 34-4434678 APOLLO SCOIETY PO BOX 1013 2014-2015, ART TOLEDO, OH 43697 EDUCATION, TOLEDO CLUB'S PARADE OF TREES DISTRIBUTION FOR GENERAL SUPPORT, \$5,000 00-APOLLO SOCIETY, \$2,500 00-DIRECTOR'S CIRCLE CRYSTAL, \$1,000 00-OUTREACH AND OPERATIONAL PROGRAMS, ART AFTER SCHOOL (AAS) OUTREACH PROGRAM, PRESIDENT'S CIRCLE CAMPAIGN - SECOND OF FIVE PAYMENTS, GENERAL SUPPORT, DIRECTOR'S CIRCLE, CAPITAL CAMPAIGN, ANNUAL

DISTRIBUTION, CAPITAL CVL

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) TOLEDO NORTHWESTERN 34-1441016 501(C)(3) 47,000 GENERAL SUPPORT, OHIO FOOD BANK INC MOBILE MARKET 24 E WOODRUFF AVENUE TOLEDO.OH 43624

ASSOCIATION

SUITE 601

425 JEFFERSON AVENUE

TOLEDO, OH 43604

TOLEDO OHIO PET SERVICES INC 3407 PINEWAY DRIVE TOLEDO,OH 43614	45-5592298	501(C)(3)	6,200		TO SUPPORT THE PART-TIME PARK SUPERINTENDENT FOR THE 2015-2016 FISCAL YEAR
TOLEDO OPERA	34-6556139	501(C)(3)	15,000		OPERA ON WHEELS

PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance TOLEDO ORCHESTRA 34-4005365 501(C)(3) 115,000 GENERAL SUPPORT, GIVING TUESDAY ASSOCIATION INC DBA TOLEDO SYMPHONY GRANT FOR GENERAL PO BOX 407 SUPPORT, MUSIC TOLEDO, OH 43697 EDUCATION AND COMMUNITY OUTREACH ACTIVITIES, ANNUAL FUND, GENERAL SUPPORT. STEWARDSHIP CIRCLE RICHARD & FRAN ANDERSON CONCERT, LEADERSHIP FUND TOLEDO PUBLIC SCHOOLS 34-6401449 501(C)(3) 10,000 YOUNG MEN OF THURGOOD MARSHALL EXCELLENCE AND BLDG ROOM 110 420 YOUNG WOMEN OF E MANHATTAN BLVD EXCELLENCE TOLEDO, OH 43608 PROGRAM SUPPORT 501(C)(3) 78,000 TOLEDO ROTARY 34-1934738 SUPPORT FOR 2015 FOUNDATION ITZA BALL 101 N SUMMIT STE 436 (MATCHING GRANT TOLEDO, OH 43604 WITH LOCKREY MANUFACTURING), TRANSFORMATIONAL PROJECTS, WEBSITE DEVELOPMENT, SHELTER BOXES -

CHALLENGE MATCH FOR FUNDS DONATED FROM DISTRICT 6600

ROTARIANS

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) TOLEDO SCHOOL FOR THE 34-1876647 501(C)(3) 23,659 GENERAL SUPPORT, ARTS CIRCUS AND 333 14TH STREET DANCING TOWARD TOLEDO, OH 43604 FITNESS, SUPPORT

(e) A mount of non- (f) Method of valuation

(h) Purpose of grant

PROGRAM

(q) Description of

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(d) A mount of cash

(b) EIN

(a) Name and address of

TOLEDO, OH 43614

					FOR THE DIVERSI COORDINATOR	ΞΤΥ
TOLEDO SEAGATE FOOD BANK 526 HIGH STREET TOLEDO,OH 43609	51-0252948	501(C)(3)	5,895		GRANT FROM THE WINTERFEST GAM WORN JERSEY AUCTION (JANUA 4,2015)	1 E

23,000 TOLEDO SOCIETY FOR THE 34-4428258 501(C)(3) CHILDREN'S BLIND DBA THE SIGHT SERVICES &

CENTER **EMPOWERMENT** 1002 GARDEN LAKE FUND, VISION PARKWAY REHABILITATION

(b) EIN (h) Purpose of grant (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government other) assistance TOLEDO ZOOLOGICAL 34-4440256 501(C)(3) 120,000 GENERAL SUPPORT. SOCIETY HEALTHY PO BOX 140130 **EATING/NUTRITION** TOLEDO, OH 43614 PARTNERSHIP -PROGRAM DEVELOPMENT THAT INCLUDES VEGETABLE GARDEN,

			KOIPOND
			CAPITAL CAMPAIGN -
			EXTRAORDINARY
			ENVISION
			ACTIVITIES,
			MESSAGES AND
			HEALTHY EATING

					ROLIOND
TRIDENT ACADEMY INC 1455 WAKENDAW RD MOUNT PLEASANT, SC 29464	57-0542727	501(C)(3)	10,000		MULTI-SENSORY MATH PROGRAM
TRI-MOTOR HERITAGE	27-1290309	501(C)(3)	5,000		TRI-MOTOR SEAT

PORT CLINTON, OH 43452

³¹⁵⁵ EAST STATE RD

FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) UNITED WAY OF DEFIANCE 34-1657011 501(C)(3) 12,500 BACK PACK BUDDY COUNTY PROGRAM 608 CLINTON STREET DEFIANCE, OH 43512 34-4427947 501(C)(3) 202,804 UNITED WAY OF GREATER CAMPAIGN SUPPORT, GENERAL TOLEDO **424 JACKSON STREET** OPERATIONS, TOLEDO GENERAL SUPPORT, TOLEDO, OH 43604 DOLLY PARTON'S IMAGINATION LIBRARY, CAMPAIGN SUPPORT \$2,500 -LOURDES UNIVERSITY FOR IT'S 2015 LUMINATIONS SCHOLARSHIP APPEAL, \$7,500 -UNITED WAY UNRESTRICTED, GENERAL SUPPORT FOR THE UNITED WAY OF OTTAWA COUNTY, 65% FOR EDUCATION INITIATIVES, 35% FOR INCOME INITIATIVES, TOCQUEVILLE SOCIETY - "SCHOOLS AS HUBS", DEBT REPAYMENT, ANNUAL

110 EAST DEKALB STREET CAMDEN, SC 29020

DISTRIBUTION UNITED WAY OF KERSHAW 57-0717334 501(C)(3) 5,000 GENERAL SUPPORT COUNTY

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) URSULINE SISTERS OF THE 53-0196617 501(C)(3) 136,625 GENERAL SUPPORT SACRED HEART

501(C)(3)

TOLEDO, OH 43615
WATERVILLE COMMUNITY

CHURCH 8217 DUTCH RD WATERVILLE, OH 43566 34-1661056

4045 INDIAN ROAD TOLEDO,OH 43606					
VICTORY CENTER 5532 WEST CENTRAL AVENUE SUITE B	34-1767997	501(C)(3)	6,878		ANNUAL DISTRIBUTION

10,000

GENERAL SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) WEST SIDE MONTESSORI 34-1361519 501(C)(3) 5,000 GENERAL SUPPORT CENTER 7115 BANCDOFT ST

TOLEDO, OH 43615					
WESTERN AVENUE MINISTRIES DBA MOSAIC MINISTRIES OF SOUTH TOLEDO 860 ORCHARD ST	34-1329306	501(C)(3)	10,000		PLAYGROUND EQUIPMENT

TOLEDO, OH 43609 40,000 WILD SALMON CENTER 94-3166095 501(C)(3) ALASKA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

721 NW NINTH AVENUE

PORTLAND, OR 97209

SUITE 300

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) WILLIAMS COLLEGE 04-2104847 501(C)(3) 26.508 LAUNUAL

OFFICE OF FINANCIAL AID PO BOX 37 WILLIAMSTOWN, MA 01267		301(0)(3)	20,500		DISTRIBUTION
WINEBRENNER	34-0877803	501(C)(3)	5,000		GENERAL SUPPORT

PORT CLINTON, OH 43452

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

THEOLOGICAL SEMINARY 950 NORTH MAIN ST FINDLAY, OH 45840 34-1900372

WINOUS POINT MARSH 501(C)(3) 12,000 GENERAL SUPPORT CONSERVANCY 3500 SOUTH LATTIMORE RD

organization ıf applicable (book, FMV, appraisal, or government assistance other) WOFFORD COLLEGE 57-0314422 501(C)(3) 25,000 NEW ZTA HOUSE 429 NORTH CHURCH STREET SPARTANBURG, SC 29303 WOMEN EMPOWERING 38-3607467 501(C)(3) 10,000 PAULA'S HOUSE II

(e) Amount of non- (f) Method of valuation

cash

WOMEN INC - PAULA'S HOUSE I & II 3580 S CUSTER PO BOX 2002 MONROE, MI 48161 WOOD COUNTY DISTRICT 31-1417745 501(C)(3) 17,472 SUPPORT THE PROGRAMS AND

(d) A mount of cash

arant

PUBLIC LIBRARY FOUNDATION 251 NORTH MAIN ST BOWLING GREEN, OH

(c) IRC section

(a) Name and address of

43402

(b) EIN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

ISERVICES OF THE

DISTRICT PUBLIC

LIBRARY, ANNUAL DISTRIBUTION

WOOD COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) WOOD COUNTY HUMANE 34-1119409 501(C)(3) 7,703 LANNUAL DISTRIBUTION SOCIETY 801 VAN CAMP ROAD BOWLING GREEN, OH 43402 WOODLAWN CEMETERY 34-1831168 501(C)(3) 20,000 GENERAL SUPPORT. HISTORICAL GENERAL OPERATING ASSOCIATION INC. SUPPORT, GENERAL 1502 WEST CENTRAL CEMETERY AVENUE OPERATIONS TOLEDO, OH 43606

WORLDVENTURE 36-2216163 501(C)(3) 5,000 FUND #4200094

1501 W MINERAL AVE LITTLETON, CO 80120

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) WOUNDED WARRIOR 20-2370934 501(C)(3) 60,000 GENERAL SUPPORT **PROJECT** 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256 TOLEDO UILD

WSOS COMMUNITY ACTION COMMISSION P O BOX 590 109 SOUTH FRONT STREET FREMONT,OH 43420	34-0975934	501(C)(3)	49,998		UNITED TOLEDO YOUTHBUILD
WYANDOT COUNTY BOARD OF DEVELOPMENT	34-6401620	501(C)(3)	10,609		2015 DISTRIBUTION

DISABILITIES 11028 COUNTY HIGHWAY 44 UPPER SANDUSKY, OH

43351

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Name and address of (c) IRC section (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) YMCA AND JCC OF 34-4428262 501(C)(3) 225,881 GENERAL SUPPORT, **GREATER TOLEDO** FORT MEIGS 1500 NORTH SUPERIOR SCHOLARSHIP STREET SECOND CAMPAIGN, WEST FLOOR TOLEDO YMCA TOLEDO, OH 43604 CAPITAL CAMPAIGN -\$5,000 ON BEHALF OF SHARON WONSER AND \$5000 ON BEHALF OF ROBERT & DAVE HORTMAN, 2015 SCHOLARSHIP CAMPAIGN, SUMMER FOOD AND LEARNING **INITIATIVE FOR** COMMUNITY CHILDREN, 2015 DISTRIBUTION, WEST TOLEDO YMCA CAPITAL CAMPAIGN -PRESIDENT'S CIRCLE YOUNG MUSICIANS 95-2250007 501(C)(3) 5,000 TEACHING ARTIST FOUNDATION PROGRAM 244 S SAN PEDRO ST 5TH FLOOR SUITE 506 LOS ANGELES, CA 90012

5,000

GENERAL SUPPORT

501(C)(3)

YWCA OF NORTHWEST

1018 JEFFERSON AVE TOLEDO, OH 43604

OHIO

34-4428265

(a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (c) IRC section (d) A mount of cash (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance arant or assistance or aovernment assistance other)

ZEPF COMMUNITY MENTAL HEALTH CENTER 6605 W CENTRAL AVENUE	34-1168947	501(C)(3)	7,950		ZEPF SUMMER AND AFTERSCHOOL YOUTH PROGRAM

TOLEDO, OH 43617

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493313000186 Compensation Information OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection **Employer identification number** Name of the organization TOLEDO COMMUNITY FOUNDATION INC 23-7284004 Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Νo 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Νo Participate in, or receive payment from, an equity-based compensation arrangement? 40 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

> No No

Νo

Νo

Νo

5a

5b

6a

6b

7

8

Schedule J (Form 990) 2015

Cat No 50053T

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

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

The organization?

The organization?

ın Part III

Any related organization?

Any related organization?

section 53 4958-6(c)?

If "Yes," on line 5a or 5b, describe in Part III

compensation contingent on the net earnings of

If "Yes," on line 6a or 6b, describe in Part III

Schedule J (Form 990) 2015

1 KEITH BURWELL

2 KIMBERLY CRYAN

CHIEF FINANCIAL OFFICER

PRESIDENT

Page 2

Form 990

Schedule J (Form 990) 2015

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line Ia, applicable column (D) and (E) amounts for that individual must equal the total amount of Form 990, Part VII, Section A, line Ia, applicable column (D) and (E) amounts for that individual must equal the total amount of Form 990, Part VII, Section A, line Ia, applicable column (D) and (E) amounts for that individual must equal the total amount of Form 990, Part VII, Section A, line Ia, applicable column (D) and (E) amounts for that individual must equal the total amount of Form 990, Part VII, Section A, line Ia, applicable column (D) and (E) amounts for that individual must equal the total amount of Form 990, Part VIII, Section A, line Ia, applicable column (D) and (E) amounts for that individual must equal the total amount of Form 990, Part VIII, Section A, line Ia, applicable column (D) and (E) amounts for that individual must equal the total amount of Form 990, Part VIII, Section A, line Ia, applicable column (D) and (E) amounts for the total amount of Form 990, Part VIII, Section A, line Ia, applicable column (D) and (E) amounts for the total amount of Form 990, Part VIII, Section A, line Ia, applicable column (D) and (E) amounts for the total amount of Form 990, Part VIII, Section A, line Ia, applicable column (D) and (E) amounts for the total amount of Form 990, Part VIII, Section A, line Ia, applicable column (D) and (E) amounts for the total amount of Form 990, Part VIII, Section A, line Ia, applicable column (D) and (E) amounts for the total amount of Form 990, Part VIII, Section A, line Ia, applicable column (D) amounts for the total amount of Form 990, Part VIII, Section A, line Ia, applicable column (D) amounts for the total amount of Form Part VIII, Section (D) amounts for the total amount of Part VIII, applicable column (D) amounts for the Part VIII, applicable column (D) amounts for the total amount of Part VIII, applicable column (D) amounts for the Part VIII, a								
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in			

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	D	(ii)	(111)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(I) compensation						E 000

compensation

27,836

18.095

18.880

7.544

231.843

155.091

compensation

6.000

7,755

179,127

121.697

Schedule J (Form 990) 2015	Page 3							
Part III Supplemental In	formation							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information								
Return Reference	Explanation							
PART I, LINE 1A	THE ORGANIZATION PAYS FOR THE COST OF KEITH BURWELL'S MEMBERSHIP AT THE TOLEDO CLUB IN ORDER TO HAVE A PLACE FOR MEETINGS WITH ADVISORS AND DONORS ANY PERSONAL EXPENSES ARE KEITH'S TO REIMBURSE THE ORGANIZATION, AND ARE IDENTIFIED ON MONTHLY BILLS AND OFFSET ON EXPENSE REIMBURSEMENT FORMS							
PART I, LINE 3	THE BOARD CHAIRMAN COORDINATES THE COMPENSATION PROCESS ALL MEMBERS OF THE BOARD GIVE INPUT TO THE CEO'S PERFORMANCE ADDITIONALLY, SALARY SURVEYS FOR THE FIELD AND COMPARISON OF OTHER LOCAL NON-PROFIT ORGANIZATIONS ARE							

Schedule J (Form 990) 2015

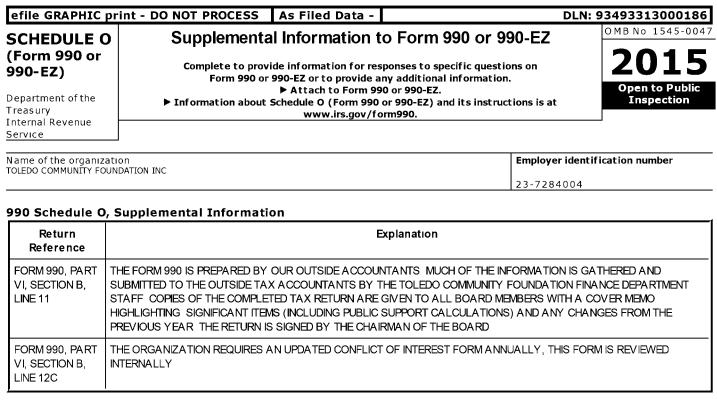
efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493313000186 **SCHEDULE M** OMB No 1545-0047 **Noncash Contributions** (Form 990) 2015 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Inspection Treasury Internal Revenue Service Name of the organization **Employer identification number** TOLEDO COMMUNĪTY FOUNDATION INC 23-7284004 Types of Property (a) (b) (c) (d) Check Number of contributions Method of determining Noncash contribution ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods 6 Cars and other vehicles . . 7 Boats and planes . . . Intellectual property . . 9 Securities-Publicly traded . Х 48 3,119,203 MARKET VALUE 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation

contribution—Other . . Real estate—Other . .

Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a **b** If "Yes," describe the arrangement in Part II

15 Real estate—Residential . 16 Real estate—Commercial . 17 18 Collectibles **19** Food inventory . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ► (__ **26** Other ▶ (_____) **27** Other ▶ (_____ **28** Other ▶ (_____) No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

Νo contributions? 32a Νo b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,



Return Explanation Reference FORM 990. PART THE BOARD CHAIRMAN COORDINATES THE PROCESS. ALL MEMBERS OF THE BOARD GIVE INPUT TO THE CEO'S. VI. SECTION B. PERFORMANCE ADDITIONALLY. SALARY SURVEYS FOR THE FIELD COMPARISON OF OTHER LOCAL NON-PROFIT

ORGANIZATIONS ARE REVIEWED AS PART OF THE PROCESS THE CEO DETERMINES COMPENSATION FOR DIRECT

	REPORTS USING MANY OF THE SAME TOOLS THAT THE BOARD USES FOR THE CEO REVIEW ADDITIONALLY, DIRECT
	REPORTS ARE GIVEN RANGES TO USE TO SET COMPENSATION FOR THE PEOPLE THEY SUPERVISE.
FORM 990, PART	THE ORGANIZATION'S GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE

VI. SECTION C. AVAILABLE TO THE PUBLIC UPON REQUEST LINE 19

990 Schedule O. Supplemental Information

LINF 15

990 Schedule O, Supplemental Information

Return Reference Explanation

NO CHANGE FROM PRIOR YEAR

FORM 990, PART XII, LINE 1 MODIFIED CASH

FORM 990, PART XII, LINE 2C

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493313000186 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Attach to Form 990. Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization TOLEDO COMMUNITY FOUNDATION INC 23-7284004 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) (f) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (a) (c) (d) (e) (f) (g) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No See Additional Data Table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets		rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	V-UBI Gener Int in mana 20 of parti Ile K-1		(k) Percentage ownership
				514)			Yes	No	1	Yes	No	1
(1) TRAN-STAR LLC 300 MADISON AVENUE SUITE 1300 TOLEDO, OH 43604 26-3082654	PROVIDES BROADBAND SERVICE	FL	N/A	UNRELATED		6,860		No		Yes		87 500 %
						_						
												l
Part IV Identification of Bolated Organizations Taxable	o as a Corno	ration	or Trust (Complete if t	ho organia	ation and	oro	d "Voc	" on Form	000	Dar	+ IV Juno

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.

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

Schedule R (Form 990) 2015					Pag	ge 3			
Part V Transactions With Related Organizations Complete if the organization answe	red "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 orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No			
b Gift, grant, or capital contribution to related organization(s)				1b		No			
${f c}$ Gıft, grant, or capital contribution from related organization(s)				1 c		No			
d Loans or loan guarantees to or for related organization(s)				1d		No			
e Loans or loan guarantees by related organization(s)				1e		No			
f Dividends from related organization(s)				1 f		No			
g Sale of assets to related organization(s)				1 g		No			
h Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)									
k Lease of facilities, equipment, or other assets from related organization(s)									
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No			
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No			
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes				
o Sharing of paid employees with related organization(s)				10	Yes				
p Reimbursement paid to related organization(s) for expenses				1 p		No			
${f q}$ Reimbursement paid by related organization(s) for expenses				1 q	Yes				
r Other transfer of cash or property to related organization(s)				1r		No			
s Other transfer of cash or property from related organization(s)				1 s		No_			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount ir	nvolved				

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

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

revenue) that was not a related organization. See instructions i			ertain invest	ment	partnerships		1			,											
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	section 501(c)(3) organizations?		organizations/		organizations?		organizations		organizations		(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	ı	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No									
												1 .	ı								
											lula D (Fa	Щ									



Software ID: Software Version:

EIN: 23-7284004

Name: TOLEDO COMMUNITY FOUNDATION INC

Form 990, Schedule R, Part II - Identification of Re	lated Tax-Exempt Or	ganizations					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(contr	(g) on 512 (13) crolled tity?
						Yes	No
TOLEDO COMMUNITY FDN INC KEYBANK DONOR DIRECTED POOLED FD 300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-1243271	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	ОН	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No
TOLEDO COMMUNITY FDN INC SENECA FUND 300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-6853245	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	ОН	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No
TOLEDO COMMUNITY FDN INC ALGONQUIN FUND 300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-6853246	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	ОН	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No
TOLEDO COMMUNITY FDN INC WILLIAM & ELSIE KNIGHT FUND 300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-6853247	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	ОН	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No
THE ANDERSONS FUND SUPPORTING ORGANIZATION 300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-1817757	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	ОН	501(C)(3)	LINE 11A, I	THE TOLEDO COMMUNITY FOUNDATION INC		No
TOLEDO COMMUNITY FDN INC 53 BANK DONOR DIRECTED POOLED FD 300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-6772666	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	ОН	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No
THE STRANAHAN SUPPORTING ORGANIZATION 300 MADISON AVE STE 1300 TOLEDO, OH 43604 31-1572640	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	ОН	501(C)(3)	LINE 11A,I	THE TOLEDO COMMUNITY FOUNDATION INC		No
THE OSWALD SUPPORTING ORGANIZATION 300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-1952405	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	ОН	501(C)(3)	LINE 11A,I	THE TOLEDO COMMUNITY FOUNDATION INC		No
TYNER FAMILY FOUNDATION SUPPORTING ORGANIZATION 300 MADISON AVE STE 1300 TOLEDO, OH 43604 11-3729700	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	ОН	501(C)(3)	LINE 11A,I	THE TOLEDO COMMUNITY FOUNDATION INC		No
THE TOLEDO COMMUNITY FOUNDATION SUPPORTING ORGANIZATION 300 MADISON AVE STE 1300 TOLEDO, OH 43604 11-3729710	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	ОН	501(C)(3)	LINE 11A,I	THE TOLEDO COMMUNITY FOUNDATION INC		No
TOLEDO COMMUNITY FDN INC TCOT HIGH YIELD POOLED INCOME FUND 300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-7065665	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	ОН	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No