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<div> <div>Form 990</div> <div>  </div> <div> Department of the Treasury Internal Revenue Service </div> </div>	<div>Return of Organization Exempt From Income Tax</div> <div>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</div> <div> <div>▶ Do not enter social security numbers on this form as it may be made public</div> <div>▶ Information about Form 990 and its instructions is at www.irs.gov/form990</div> </div>	<div>OMB No 1545-0047</div> <div>2015</div> <div>Open to Public Inspection</div>
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A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization L BRANDS FOUNDATION		D Employer identification number 31-1387703
	Doing business as		E Telephone number (614) 251-4000
	Number and street (or P O box if mail is not delivered to street address) 1234 EAST BROAD STREET	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 432051405		G Gross receipts \$ 36,377,839
	F Name and address of principal officer RAYMOND J BIDDISCOMBE 1234 EAST BROAD STREET COLUMBUS, OH 432051405		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
J Website: ▶ N/A			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1993	M State of legal domicile OH

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE PURPOSE IS TO SUPPORT CHARITABLE ORGANIZATIONS FOR WOMEN, CHILDREN AND EDUCATION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	5
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,329,786	1,248,141
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
		1,329,786	1,248,146
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	20,872,607	28,253,235
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	0
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	426,398	340,379
	19 Revenue less expenses Subtract line 18 from line 12	21,299,005	28,593,614
		-19,969,219	-27,345,468
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	84,622,346	56,109,423
	21 Total liabilities (Part X, line 26)	5,248,920	3,750,875
	22 Net assets or fund balances Subtract line 21 from line 20	79,373,426	52,358,548

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

Sign Here	*****		2016-05-12				
	Signature of officer		Date				
	RAYMOND J BIDDISCOMBE ASST TREASURER Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name TJ CONGER CPA		Preparer's signature TJ CONGER CPA		Date 2016-05-12	Check <input type="checkbox"/> if self-employed	PTIN P00068140
	Firm's name  JOHN GERLACH & COMPANY					Firm's EIN  31-4419361	
	Firm's address  37 WEST BROAD STREET COLUMBUS, OH 43215					Phone no (614) 224-2164	

Part III

Statement of Program Service Accomplishments

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

☒

1

Briefly describe the organization's mission

IN 1963, LES WEXNER STARTED A COMPANY BASED ON A SET OF SHARED VALUES IMPORTANT TO BOTH OUR CUSTOMERS AND ASSOCIATES IN ORDER TO MIRROR OUR ASSOCIATES AND OUR CUSTOMERS' VALUES, LIMITED BRANDS SUPPORTS COMMUNITY PROGRAMS THAT FOCUS ON EMPOWERING WOMEN, NURTURING AND MENTORING CHILDREN AND IMPROVING EDUCATION ALSO EMBEDDED IN OUR FOCUS IS A COMMITMENT TO INCLUSION AS ONE OF OUR COMPANY'S CORE VALUES, WE UNDERSTAND, APPRECIATE AND LEVERAGE DIVERSITY TO PROVIDE VALUE FOR OUR CUSTOMERS, ASSOCIATES AND SHAREHOLDERS OUR PHILANTHROPIC EFFORTS REPRESENT A RICH MIXTURE OF BACKGROUNDS, INSIGHTS AND PERSPECTIVES GOING HAND-IN-HAND WITH OUR EFFORTS TO HELP IMPROVE EDUCATION IS OUR COMMITMENT TO ENRICHING THE CULTURAL ARTS WE BELIEVE THAT VIBRANT CULTURAL ARTS ARE SYNONYMOUS WITH VIBRANT AND DIVERSE COMMUNITIES - EXPOSING US TO NEW WORKS AND DIFFERENT PERSPECTIVES THAT NOT ONLY ENTERTAIN, BUT EDUCATE AND CHALLENGE US TO THINK ABOUT HOW WE LIVE TODAY

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No


















If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 16,667,100 including grants of \$ 16,667,100) (Revenue \$)
	EDUCATION
4b	(Code) (Expenses \$ 5,980,930 including grants of \$ 5,980,930) (Revenue \$)
	CIVIC & COMMUNITY
4c	(Code) (Expenses \$ 2,482,036 including grants of \$ 2,482,036) (Revenue \$)
	WOMEN
	See Additional Data
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 3,123,169 including grants of \$ 3,123,169) (Revenue \$)
4e	Total program service expenses ▶ 28,253,235

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No	
b	If "Yes," has it filed a Form 990-T for this year? 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?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a6		
	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	1b6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEX SHUMATE VICE CHAIR/TRUSTEE	1 00	X		X				0	0	0
(2) ABIGAIL S WEXNER CHAIR/TRUSTEE	1 00	X		X				0	0	0
(3) TIMOTHY J FABER SECRETARY/TREAS/TRUSTEE	1 00	X		X				0	0	0
(4) NANCY J KRAMER VICE CHAIR/TRUSTEE	1 00	X		X				0	0	0
(5) JAMESON CRANE VICE CHAIR/TRUSTEE	1 00	X		X				0	0	0
(6) DOUGLAS L WILLIAMS THRU 9115 VICE CHAIR/TRUSTEE	1 00	X		X				0	0	0
(7) MARY BETH MEUSE VICE CHAIR/TRUSTEE	1 00	X		X				0	0	0
(8) JANELLE N SIMMONS PRESIDENT	1 00			X				0	0	0
(9) DOUGLAS F KRIDLER ASST SECRETARY	0 50 50 00			X				0	358,216	114,866
(10) RAYMOND J BIDDISCOMBE ASST TREASURER	0 50 50 00			X				0	210,081	36,098

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	568,297	150,964

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

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

Section B. Independent Contractors

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

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

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

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		5			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,222,275		2,222,275	
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		-974,134		-974,134
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances . .	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory . .					
	Miscellaneous Revenue		Business Code				
	11a						
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		1,248,146	0	0	1,248,141	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	28,253,235	28,253,235		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	147,000		147,000	
b	Legal				
c	Accounting	4,150		4,150	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	184,093		184,093	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	OTHER EXPENSE	4,936		4,936	
b	FILING FEES	200		200	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	28,593,614	28,253,235	340,379	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			489,660	2	4,244,725
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			769,157	4	561,259
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					
						5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L					
						6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a				
	b	Less—accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities			83,363,529	11	51,303,439
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets				14		
15	Other assets. See Part IV, line 11				15		
16	Total assets. Add lines 1 through 15 (must equal line 34)			84,622,346	16	56,109,423	
Liabilities	17	Accounts payable and accrued expenses				17	
	18	Grants payable			5,248,920	18	3,750,875
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					
						22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			5,248,920	26	3,750,875
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			79,373,426	27	52,358,548
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			79,373,426	33	52,358,548
	34	Total liabilities and net assets/fund balances			84,622,346	34	56,109,423

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,248,146
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,593,614
3	Revenue less expenses Subtract line 2 from line 1	3	-27,345,468
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79,373,426
5	Net unrealized gains (losses) on investments	5	-91,879
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	422,469
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,358,548

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 31-1387703
Name: L BRANDS FOUNDATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 630,000 including grants of \$ 630,000) (Revenue \$)
ARTS & CULTURE
(Code) (Expenses \$ 908,500 including grants of \$ 908,500) (Revenue \$)
CHILDREN

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 277,500 including grants of \$ 277,500) (Revenue \$)
DIVERSITY & INCLUSION
(Code) (Expenses \$ 26,000 including grants of \$ 26,000) (Revenue \$)
ENVIRONMENT

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 165,087 including grants of \$ 165,087) (Revenue \$)
HEALTH
(Code) (Expenses \$ 609,500 including grants of \$ 609,500) (Revenue \$)
HUMAN SERVICES

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	506,582	including grants of \$	506,582) (Revenue \$)
INTERNATIONAL					

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization L BRANDS FOUNDATION	Employer identification number 31-1387703
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

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

11

☒

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

a

☒

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☒

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

1

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) THE COLUMBUS FOUNDATION	316044264		Yes		11,039,582	0
Total1					11,039,582	

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and 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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
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 and stop here. The organization qualifies as a publicly supported organization ▶		
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 box and stop here. The organization qualifies as a publicly supported organization ▶		
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 organization ▶		
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 supported organization ▶		
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13Total support. (Add lines 9, 10c, 11, and 12.)						
14First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
15Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15					
16Public support percentage from 2014 Schedule A, Part III, line 15	16					

Section D. Computation of Investment Income Percentage		
17	Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from 2014 Schedule A, Part III, line 17	18
19a	33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>
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	<input type="checkbox"/>
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>

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.)

Section 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 Yes	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	No
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? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	No
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	No
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	No
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	No
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	No
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	No
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	No
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 .	9c	No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	No
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	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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	No
b A family member of a person described in (a) above?	11b	No
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	No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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? <i>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.</i></div>	1	Yes
<div>2</div> <div>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? <i>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.</i></div>	2	No

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>	1	

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>	1	
<div>2</div> <div>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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>	2	
<div>3</div> <div>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? <i>If "Yes," describe in Part VI the role the organization’s supported organizations played in this regard.</i></div>	3	

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>			
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		Yes	No
<div>a</div> <div>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? <i>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.</i></div>	2a		
<div>b</div> <div>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? <i>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.</i></div>	2b		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>			
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>	3a		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>	3b		

Part V

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

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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	

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	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
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	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
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
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
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 \$			
a Applied 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 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

Return Reference

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
L BRANDS FOUNDATION

Employer identification number
31-1387703

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► _____

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ _____

(ii)

Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a	Land			
b	Buildings			
c	Leasehold improvements			
d	Equipment			
e	Other			
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			0

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	2,222,280
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,222,280
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-974,134
c	Add lines 4a and 4b	4c	-974,134
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	1,248,146

Part XII

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

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

1	Total expenses and losses per audited financial statements	1	29,237,158
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	-330,590
e	Add lines 2a through 2d	2e	-330,590
3	Subtract line 2e from line 1	3	29,567,748
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-974,134
c	Add lines 4a and 4b	4c	-974,134
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	28,593,614

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	INCOME TAXES - THE FOUNDATION IS RECOGNIZED AS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND THEREFORE, HAS MADE NO PROVISION FOR FEDERAL, STATE, OR LOCAL INCOME TAX IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION HAS ADOPTED THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS BOARD (ASC) RELATING TO UNCERTAIN TAX POSITIONS. MANAGEMENT HAS REVIEWED ITS CURRENT AND PAST INCOME TAX POSITIONS AND HAS DETERMINED, BASED ON CLEAR AND UNAMBIGUOUS TAX LAW AND REGULATIONS, THAT THE TAX POSITIONS TAKEN ARE CERTAIN AND THAT THERE IS NO LIKELIHOOD THAT A MATERIAL TAX ASSESSMENT WOULD BE MADE IF THE RESPECTIVE GOVERNMENT AGENCY EXAMINED TAX RETURNS SUBJECT TO AUDIT. ACCORDINGLY, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED. THE FOUNDATION IS NO LONGER SUBJECT TO FEDERAL, STATE, OR LOCAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2012.
PART XI, LINE 4B - OTHER ADJUSTMENTS	REALIZED LOSS ON INVESTMENTS -974,134
PART XII, LINE 2D - OTHER ADJUSTMENTS	UNREALIZED GAIN ON INVESTMENTS 91,879. PRIOR YEAR GRANTS RESCINDED -422,469
PART XII, LINE 4B - OTHER ADJUSTMENTS	REALIZED LOSS ON INVESTMENTS -974,134

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
L BRANDS FOUNDATION

Employer identification number
31-1387703

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	ADVANCING PHILANTHROPY	75,000
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			75,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			75,000

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	TO PROVIDE ADDITIONAL SUPPORT FOR GRANTMAKING IN CANADA THROUGH L BRANDS CANADA	75,000	CASH PAYMENT			
(2)									
(3)									
(4)									

2

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

1

3

Enter total number of other organizations or entities ▶

0

Part III

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

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

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐

Yes

☒

No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE FOUNDATION REQUIRES GRANT REPORTS TO BE RETURNED THAT SUPPORT THE USE OF THE FUNDS RECEIVED

OMB No 1545-0047

▶ Attach to Form 990.

**Open to Public
Inspection**

31-1387703

☒ Yes ☐ No

Part II **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.

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	▶	207
3	Enter total number of other organizations listed in the line 1 table	▶	

Part III

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

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

Part IV

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

Return Reference	Explanation
PART I, LINE 2	GRANTS ARE MADE AT THE RECOMMENDATION OF BOARD MEMBERS

Additional Data

Software ID:
Software Version:
EIN: 31-1387703
Name: L BRANDS FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFTER-SCHOOL ALL-STARS OHIO 1743 WEST LANE AVENUE COLUMBUS,OH 43221	31-1736272	501C3	20,000				EDUCATION
AIDS RESOURCE CENTER OHIO 4400 NORTH HIGH STREET SUITE 300 COLUMBUS,OH 43214	31-1126780	501C3	5,000				HEALTH
ALZHEIMERS DISEASE AND RELATED DISORDERS 1379 DUBLIN ROAD COLUMBUS,OH 432151089	31-0996236	501C3	5,000				HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY EAST CENTRAL 5555 FRANTZ ROAD DUBLIN,OH 43017	13-1788491	501C3	15,000				HEALTH
AMERICAN HEART ASSOCIATION 5455 NORTH HIGH STREET COLUMBUS,OH 43214	13-5613797	501C3	15,000				HEALTH
AMERICAN RED CROSS CENTRAL - SOUTHEAST 995 EAST BROAD STREET COLUMBUS,OH 432051339	53-0196605	501C3	10,000				CIVIC & COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS CENTRAL - SOUTHEAST 995 EAST BROAD STREET COLUMBUS,OH 432051339	53-0196605	501C3	10,000				CIVIC & COMMUNITY
AMERICAN RED CROSS CENTRAL - SOUTHEAST 995 EAST BROAD STREET COLUMBUS,OH 432051339	53-0196605	501C3	15,000				CIVIC & COMMUNITY
AMETHYST INC 455 EAST MOUND STREET COLUMBUS,OH 432155595	31-1092242	501C3	15,000				WOMEN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN FESTIVAL CORPORATION C/O DR LU 1881 BRANDYWINE DRIVE COLUMBUS,OH 43220	01-0813672	501C3	5,000				DIVERSITY & INCLUSION
ASSOC FUNDRAISING PROFESSIO PO BOX 20119 COLUMBUS,OH 432200119	31-1161987	501C3	2,500				CIVIC & COMMUNITY
AUTISM SPEAKS INC 1 EAST 33RD STREET 4TH FLOOR NEWYORK,NY 10016	20-2329938	501C3	5,000				CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALLET METROPOLITAN INC 322 MOUNT VERNON AVENUE COLUMBUS,OH 43215	31-0858562	501C3	10,000				ARTS & CULTURE
BALLET METROPOLITAN INC 322 MOUNT VERNON AVENUE COLUMBUS,OH 43215	31-0858562	501C3	15,000				ARTS & CULTURE
BIG BROTHERS BIG SISTERS OF CENTRAL OHIO 1855 E DUBLIN-GRANVILLE ROAD 1ST FLOOR COLUMBUS,OH 432293516	31-4379429	501C3	5,000				CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF CENTRAL OHIO 1855 E DUBLIN-GRANVILLE ROAD 1ST FLOOR COLUMBUS,OH 432293516	31-4379429	501C3	10,000				CHILDREN
BIG BROTHERS BIG SISTERS OF CENTRAL OHIO 1855 E DUBLIN-GRANVILLE ROAD 1ST FLOOR COLUMBUS,OH 432293516	31-4379429	501C3	25,000				CHILDREN
BLACK RETAIL ACTION GROUP INC 68 EAST 131ST STREET SUITE 704 NEWYORK,NY 10037	13-3350163	501C3	15,000				DIVERSITY & INCLUSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOBBY TRIPODI FOUNDATION DBA CORNERSTO 1550 OLD HENDERSON ROAD SUITE E-262 E-262 COLUMBUS,OH 43220	34-1945499	501C3	5,000				CHILDREN
BOTTOMLESS CLOSET 16 EAST 52ND STREET 15TH FLOOR NEWYORK,NY 10022	13-4037622	501C3	10,000				WOMEN
BOYS AND GIRLS CLUBS OF AMERICA NATIONAL 1275 PEACHTREE STREET NE ATLANTA,GA 303093506	13-5562976	501C3	25,000				CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF COLUMBUS INC 115 SOUTH GIFT STREET COLUMBUS,OH 43215	31-4387575	501C3	25,000				CHILDREN
BUCKEYE RANCH FOUNDATION INC 5665 HOOVER ROAD GROVE CITY,OH 43123	31-1593013	501C3	10,000				CHILDREN
BUCKEYE RANCH FOUNDATION INC 5665 HOOVER ROAD GROVE CITY,OH 43123	31-1593013	501C3	10,000				CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUCKEYE RANCH FOUNDATION INC 5665 HOOVER ROAD GROVE CITY,OH 43123	31-1593013	501C3	10,000				CHILDREN
CAPITAL AREA HUMANE SOCIETY 3015 SCIOTO-DARBY EXECUTIVE COURT HILLIARD,OH 43026	31-4379492	501C3	1,500				CIVIC & COMMUNITY
CAPITAL AREA HUMANE SOCIETY 3015 SCIOTO-DARBY EXECUTIVE COURT HILLIARD,OH 43026	31-4379492	501C3	2,500				CIVIC & COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATCO PHOENIX INC C/O CAPA 55 EAST STATE STREET COLUMBUS,OH 43215	31-1168461	501C3	5,000				ARTS & CULTURE
CATCO PHOENIX INC C/O CAPA 55 EAST STATE STREET COLUMBUS,OH 43215	31-1168461	501C3	30,000				ARTS & CULTURE
CENTER FOR HEALTHY FAMILIES INC 500 SOUTH FRONT STREET SUITE 930 COLUMBUS,OH 43215	20-8701526	501C3	10,000				WOMEN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR HEALTHY FAMILIES INC 500 SOUTH FRONT STREET SUITE 930 COLUMBUS,OH 43215	20-8701526	501C3	25,000				WOMEN
CENTER FOR SOCIAL ENTERPRISE DEVELOPMENT 471 HIGHGATE AVENUE WORTHINGTON,OH 43085	47-1396726	501C3	50,000				CIVIC & COMMUNITY
CENTER OF SCIENCE AND INDUSTRY 333 WEST BROAD STREET COLUMBUS,OH 43215	31-4383802	501C3	10,000				EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER OF SCIENCE AND INDUSTRY 333 WEST BROAD STREET COLUMBUS,OH 43215	31-4383802	501C3	10,000				EDUCATION
CENTER OF SCIENCE AND INDUSTRY 333 WEST BROAD STREET COLUMBUS,OH 43215	31-4383802	501C3	750,000				EDUCATION
CENTERVILLE-WASHINGTON DIVERSITY COUNCIL 683 MIAMISBURG-CENTERVILLE ROAD SUITE 210 DAYTON,OH 45459	31-1748863	501C3	2,500				DIVERSITY & INCLUSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL CROSSING HIGH SCHOOL NJROTC PO BOX 384 GROVE CITY,OH 43123	20-3152372	501C3	2,500				EDUCATION
CENTRAL OHIO DIABETES ASSOCIATION INC 1100 DENNISON AVENUE COLUMBUS,OH 43201	31-6054100	501C3	2,500				HEALTH
CERES INC 99 CHAUNCY STREET 6TH FLOOR BOSTON,MA 021111703	22-3053747	501C3	25,000				CIVIC & COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDHOOD LEAGUE INC 670 SOUTH 18TH STREET COLUMBUS,OH 43205	31-6400177	501C3	5,000				CHILDREN
CHILDHOOD LEAGUE INC 670 SOUTH 18TH STREET COLUMBUS,OH 43205	31-6400177	501C3	100,000				CHILDREN
CHILDRENS HUNGER ALLIANCE 1105 SCHROCK ROAD SUITE 505 COLUMBUS,OH 43229	23-7303509	501C3	25,000				CHILDREN

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

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CHILDRENS HUNGER ALLIANCE 1105 SCHROCK ROAD SUITE 505 COLUMBUS,OH 43229	23-7303509	501C3	65,000				CHILDREN
CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE C/O LUTHERAN SOCIAL SERVICES 500 WEST WILSON BRIDGE ROAD SUITE 245 WORTHINGTON,OH 43085	31-0910779	501C3	10,000				WOMEN
CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE C/O LUTHERAN SOCIAL SERVICES 500 WEST WILSON BRIDGE ROAD SUITE 245 WORTHINGTON,OH 43085	31-0910779	501C3	10,000				WOMEN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE C/O LUTHERAN SOCIAL SERVICES 500 WEST WILSON BRIDGE ROAD SUITE 245 WORTHINGTON, OH 43085	31-0910779	501C3	30,000				WOMEN
CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE C/O LUTHERAN SOCIAL SERVICES 500 WEST WILSON BRIDGE ROAD SUITE 245 WORTHINGTON, OH 43085	31-0910779	501C3	1,500,000				WOMEN
CITY YEAR COLUMBUS 35 NORTH FOURTH STREET LOWER LEVEL COLUMBUS, OH 43215	22-2882549	501C3	25,000				EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLOTHES THAT WORK 1133 S EDWIN C MOSES BLVD 392 DAYTON,OH 45417	31-1575093	501C3	15,000				WOMEN
CMH FASHION WEEK INC PO BOX 6559 COLUMBUS,OH 43206	45-4694483	501C3	225				WOMEN
COLUMBUS ACADEMY 4300 CHERRY BOTTOM ROAD GAHANNA,OH 43230	31-4379445	501C3	5,000				EDUCATION

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

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COLUMBUS ACADEMY 4300 CHERRY BOTTOM ROAD GAHANNA,OH 43230	31-4379445	501C3	15,000				EDUCATION
COLUMBUS AND CENTRAL OHIO CHILDRENS CHOR 760 EAST BROAD STREET COLUMBUS,OH 43205	31-1455959	501C3	5,000				CHILDREN
COLUMBUS ASSOCIATION FOR THE PERFORMING 55 EAST STATE STREET COLUMBUS,OH 432154264	31-0749884	501C3	5,000				ARTS & CULTURE

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

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COLUMBUS ASSOCIATION FOR THE PERFORMING 55 EAST STATE STREET COLUMBUS,OH 432154264	31-0749884	501C3	30,000				ARTS & CULTURE
COLUMBUS ASSOCIATION FOR THE PERFORMING 55 EAST STATE STREET COLUMBUS,OH 432154264	31-0749884	501C3	7,500				DIVERSITY & INCLUSION
COLUMBUS CHILDRENS THEATRE 177 EAST NAGHTEN STREET COLUMBUS,OH 43215	31-0671802	501C3	10,000				CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS COLLEGE OF ART AND DESIGN 60 CLEVELAND AVENUE COLUMBUS,OH 43215	31-0820394	501C3	30,000				EDUCATION
COLUMBUS COUNCIL ON WORLD AFFAIRS 51 JEFFERSON AVENUE COLUMBUS,OH 43215	51-0180760	501C3	10,000				CIVIC & COMMUNITY
COLUMBUS COUNCIL ON WORLD AFFAIRS 51 JEFFERSON AVENUE COLUMBUS,OH 43215	51-0180760	501C3	15,000				CIVIC & COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS DANCE THEATRE 592 EAST MAIN STREET COLUMBUS,OH 43215	31-1325303	501C3	5,000				ARTS & CULTURE
COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS,OH 43205	31-6044264	501C3	50,000				ARTS & CULTURE
COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS,OH 43205	31-6044264	501C3	25,000				CIVIC & COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS,OH 43205	31-6044264	501C3	50,000				CIVIC & COMMUNITY
COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS,OH 43205	31-6044264	501C3	400,000				EDUCATION
COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS,OH 43205	31-6044264	501C3	10,000,000				EDUCATION

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

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COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS,OH 43205	31-6044264	501C3	1,000				ENVIRONMENT
COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS,OH 43205	31-6044264	501C3	22,886				INTERNATIONAL
COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS,OH 43205	31-6044264	501C3	343,696				INTERNATIONAL

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

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COLUMBUS HOUSING PARTNERSHIP INC DBA 3443 AGLER ROAD SUITE 200 COLUMBUS,OH 43219	31-1208260	501C3	5,000				CIVIC & COMMUNITY
COLUMBUS HOUSING PARTNERSHIP INC DBA 3443 AGLER ROAD SUITE 200 COLUMBUS,OH 43219	31-1208260	501C3	10,000				CIVIC & COMMUNITY
COLUMBUS IDEAS 265 OAKLAND PARK AVENUE COLUMBUS,OH 43214	27-3165460	501C3	5,000				CIVIC & COMMUNITY

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

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COLUMBUS JEWISH FEDERATION 1175 COLLEGE AVENUE COLUMBUS,OH 43209	31-0838745	501C3	75,000				HUMAN SERVICES
COLUMBUS METROPOLITAN CLUB INC 100 EAST BROAD STREET SUITE 100 COLUMBUS,OH 432153650	31-0889324	501C3	15,000				CIVIC & COMMUNITY
COLUMBUS METROPOLITAN LIBRARY FOUNDATION 96 SOUTH GRANT AVENUE COLUMBUS,OH 43215	31-1692755	501C3	10,000				CIVIC & COMMUNITY

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

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COLUMBUS METROPOLITAN LIBRARY FOUNDATION 96 SOUTH GRANT AVENUE COLUMBUS,OH 43215	31-1692755	501C3	1,000,000				EDUCATION
COLUMBUS MUSEUM OF ART 480 EAST BROAD STREET COLUMBUS,OH 432153886	31-4379447	501C3	25,000				ARTS & CULTURE
COLUMBUS MUSEUM OF ART 480 EAST BROAD STREET COLUMBUS,OH 432153886	31-4379447	501C3	50,000				ARTS & CULTURE

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

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COLUMBUS PARTNERSHIP 150 SOUTH FRONT STREET SUITE 200 COLUMBUS,OH 43215	02-0580058	501C3	100,000				CIVIC & COMMUNITY
COLUMBUS PARTNERSHIP 150 SOUTH FRONT STREET SUITE 200 COLUMBUS,OH 43215	02-0580058	501C3	350,000				CIVIC & COMMUNITY
COLUMBUS POLICE FOUNDATION C/O THE COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS,OH 43205	37-1588250	501C3	15,000				CIVIC & COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS SCHOOL FOR GIRLS 56 SOUTH COLUMBIA AVENUE COLUMBUS,OH 432091698	31-4379452	501C3	25,000				EDUCATION
COLUMBUS SPEECH AND HEARING CENTER 510 EAST NORTH BROADWAY COLUMBUS,OH 43214	31-4379449	501C3	2,500				HEALTH
COLUMBUS SYMPHONY ORCHESTRA INC 55 EAST STATE STREET COLUMBUS,OH 43215	31-6402408	501C3	10,000				ARTS & CULTURE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS SYMPHONY ORCHESTRA INC 55 EAST STATE STREET COLUMBUS, OH 43215	31-6402408	501C3	25,000				ARTS & CULTURE
COLUMBUS SYMPHONY ORCHESTRA INC 55 EAST STATE STREET COLUMBUS, OH 43215	31-6402408	501C3	25,000				ARTS & CULTURE
COLUMBUS SYMPHONY ORCHESTRA INC 55 EAST STATE STREET COLUMBUS, OH 43215	31-6402408	501C3	100,000				ARTS & CULTURE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS URBAN LEAGUE INC 788 MOUNT VERNON AVENUE COLUMBUS,OH 432031408	31-4379453	501C3	2,500				DIVERSITY & INCLUSION
COLUMBUS ZOOLOGICAL PARK ASSOCIATION 9990 RIVERSIDE DRIVE PO BOX 400 POWELL,OH 430650400	31-4390844	501C3	10,000				CIVIC & COMMUNITY
COMMUNITY ARTS PROJECT INC 867 MOUNT VERNON AVENUE COLUMBUS,OH 43203	23-7065803	501C3	10,000				DIVERSITY & INCLUSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ARTS PROJECT INC 867 MOUNT VERNON AVENUE COLUMBUS,OH 43203	23-7065803	501C3	10,000				DIVERSITY & INCLUSION
COMMUNITY ARTS PROJECT INC 867 MOUNT VERNON AVENUE COLUMBUS,OH 43203	23-7065803	501C3	50,000				DIVERSITY & INCLUSION
COMMUNITY KITCHEN INC 640 SOUTH OHIO AVENUE COLUMBUS,OH 43205	31-1124774	501C3	5,000				HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY KITCHEN INC 640 SOUTH OHIO AVENUE COLUMBUS,OH 43205	31-1124774	501C3	5,000				HUMAN SERVICES
COMMUNITY SHELTER BOARD 111 LIBERTY STREET SUITE 150 COLUMBUS,OH 43215	31-1181284	501C3	100,000				HUMAN SERVICES
COURT APPOINTED SPECIAL ADVOCATES OF FRA 373 SOUTH HIGH STREET 15TH FLOOR COLUMBUS,OH 432156321	31-1322198	501C3	5,000				CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRAYONS TO CLASSROOMS 1511 KUNTZ ROAD DAYTON, OH 45404	26-1594574	501C3	5,000				EDUCATION
CROHNS AND COLITIS FOUNDATION CENTRAL 6797 NORTH HIGH STREET SUITE 119 WORTHINGTON, OH 43085	13-6193105	501C3	10,000				HEALTH
DIRECTIONS FOR YOUTH & FAMILIES 1515 INDIANOLA AVENUE COLUMBUS, OH 432012118	31-4407642	501C3	20,000				CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIRECTIONS FOR YOUTH & FAMILIES 1515 INDIANOLA AVENUE COLUMBUS,OH 432012118	31-4407642	501C3	20,000				CHILDREN
DRESS FOR SUCCESS COLUMBUS 1204 NORTH HIGH STREET COLUMBUS,OH 432012466	20-5112085	501C3	5,000				WOMEN
DRESS FOR SUCCESS COLUMBUS 1204 NORTH HIGH STREET COLUMBUS,OH 432012466	20-5112085	501C3	10,000				WOMEN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUBLIN ARTS COUNCIL 7125 RIVERSIDE DRIVE DUBLIN, OH 430169586	31-1101457	501C3	5,000				ARTS & CULTURE
EQUALITY OHIO EDUCATION FUND 118 EAST MAIN STREET SUITE 200 COLUMBUS, OH 43215	02-0743268	501C3	5,000				DIVERSITY & INCLUSION
EXECUTIVE LEADERSHIP FOUNDATION 1001 NORTH FAIRFAX STREET SUITE 300 300 ALEXANDRIA, VA 22314	52-1631358	501C3	20,000				DIVERSITY & INCLUSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXPERIENCE COLUMBUS FOUNDATION 277 WEST NATIONWIDE BOULEVARD SUITE 125 COLUMBUS,OH 43215	20-5795639	501C3	10,000				CIVIC & COMMUNITY
FIRE AND FOCUS SCHOLARSHIP FUND 175 SOUTH THIRD STREET SUITE 200 COLUMBUS,OH 43215	45-3451107	501C3	10,000				DIVERSITY & INCLUSION
FIRST NIGHT COLUMBUS INC C/O PROMOTIONS ONE INC 929 HARRISON AVENUE SUITE 202 COLUMBUS,OH 43215	31-1445788	501C3	10,000				CIVIC & COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FITNESS CHALLENGE DBA RIDE 2 RECOVERY 23679 CALABASAS ROAD SUITE 420 CALABASAS,CA 91302	20-2252840	501C3	10,000				HUMAN SERVICES
FLYING HORSE FARMS 5260 STATE ROUTE 95 MOUNT GILEAD,OH 43338	20-3498125	501C3	50,000				CHILDREN
FOOD BANK FOR NEW YORK CITY 39 BROADWAY 10TH FLOOR NEW YORK,NY 10006	13-3179546	501C3	10,000				HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE ARTS FOR ABUSED CHILDREN 1431 BROADWAY 7TH FLOOR NEW YORK,NY 10018	13-3958495	501C3	10,000				CHILDREN
FRIENDS OF HUDSON RIVER PARK 305 7TH AVENUE 12TH FLOOR NEW YORK,NY 10001	13-4112913	501C3	12,500				CIVIC & COMMUNITY
FRIENDS OF THE CONSERVATORY 1777 EAST BROAD STREET COLUMBUS,OH 43203	31-1657027	501C3	25,000				CIVIC & COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FURNITURE BANK OF CENTRAL OHIO 118 SOUTH YALE AVENUE COLUMBUS,OH 432221369	31-1600869	501C3	20,000				HUMAN SERVICES
FURNITURE BANK OF CENTRAL OHIO 118 SOUTH YALE AVENUE COLUMBUS,OH 432221369	31-1600869	501C3	50,000				HUMAN SERVICES
GAHANNA-JEFFERSON EDUCATION FOUNDATION C/O GAHANNA-JEFFERSON PUBLIC SCHOOLS 160 SOUTH HAMILTON ROAD GAHANNA,OH 43230	81-0576974	501C3	1,000				EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GERMAN VILLAGE SOCIETY 588 SOUTH THIRD STREET COLUMBUS,OH 43215	31-0969645	501C3	5,000				CIVIC & COMMUNITY
GERMAN VILLAGE SOCIETY 588 SOUTH THIRD STREET COLUMBUS,OH 43215	31-0969645	501C3	5,000				CIVIC & COMMUNITY
GIRL SCOUTS OF OHIOS HEARTLAND COUNCIL 1700 WATERMARK DRIVE COLUMBUS,OH 432151097	31-4379475	501C3	20,000				WOMEN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS ON THE RUN OF FRANKLIN COUNTY PO BOX 21152 COLUMBUS, OH 43221	32-0256159	501C3	1,000				CHILDREN
GLADDEN COMMUNITY HOUSE 183 HAWKES AVENUE COLUMBUS, OH 43223	31-4379476	501C3	10,000				HUMAN SERVICES
GODMAN GUILD ASSOCIATION 303 EAST SIXTH AVENUE COLUMBUS, OH 43201	31-4379478	501C3	2,000				HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWEAVE USA 2001 S STREET NW SUITE 510 WASHINGTON, DC 20009	52-2042014	501C3	10,000				CIVIC & COMMUNITY
GOODWILL COLUMBUS 1331 EDGEHILL ROAD COLUMBUS, OH 43212	31-4379448	501C3	10,000				HUMAN SERVICES
GRANGE AUDUBON CENTER 505 WEST WHITTIER STREET COLUMBUS, OH 43215	13-1624102	501C3	2,500				ENVIRONMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANGE AUDUBON CENTER 505 WEST WHITTIER STREET COLUMBUS,OH 43215	13-1624102	501C3	2,500				ENVIRONMENT
GRANGE AUDUBON CENTER 505 WEST WHITTIER STREET COLUMBUS,OH 43215	13-1624102	501C3	10,000				ENVIRONMENT
GREATER COLUMBUS ARTS COUNCIL 100 EAST BROAD STREET SUITE 2250 COLUMBUS,OH 43215	31-0833384	501C3	5,000				ARTS & CULTURE

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

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GREATER COLUMBUS ARTS COUNCIL 100 EAST BROAD STREET SUITE 2250 COLUMBUS,OH 43215	31-0833384	501C3	35,000				ARTS & CULTURE
GREATER COLUMBUS SPORTS FDN 155 WEST NATIONWIDE BLVD SUITE 125 COLUMBUS,OH 43215	01-0620688	501C3	10,000				CIVIC & COMMUNITY
GREEN COLUMBUS PO BOX 12035 COLUMBUS,OH 43212	26-1321476	501C3	5,000				ENVIRONMENT

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

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HANDSON CENTRAL OHIO 195 NORTH GRANT AVENUE COLUMBUS,OH 43215	31-1084722	501C3	50,000				CIVIC & COMMUNITY
HARMONY PROJECT PRODUCTIONS INC 500 SOUTH FRONT STREET SUITE 1200 COLUMBUS,OH 43215	27-1819074	501C3	15,000				ARTS & CULTURE
HEINZERLING FOUNDATION 1800 HEINZERLING DRIVE COLUMBUS,OH 43223	31-0668084	501C3	5,000				HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL FOUNDATION OF OHIO STATE UNIVERSI 46 EAST 16TH AVENUE COLUMBUS,OH 432011615	31-1048567	501C3	50,000				EDUCATION
HOMELESS FAMILIES FOUNDATION 33 NORTH GRUBB STREET COLUMBUS,OH 43215	31-1179492	501C3	25,000				HUMAN SERVICES
HUCKLEBERRY HOUSE INC 1421 HAMLET STREET COLUMBUS,OH 43201	31-0795573	501C3	2,000				HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUCKLEBERRY HOUSE INC 1421 HAMLET STREET COLUMBUS,OH 43201	31-0795573	501C3	25,000				HUMAN SERVICES
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON,DC 20036	52-1481896	501C3	15,000				DIVERSITY & INCLUSION
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON,DC 20036	52-1481896	501C3	15,000				DIVERSITY & INCLUSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
I KNOW I CAN 3798 EAST BROAD STREET COLUMBUS,OH 43213	31-1229135	501C3	20,000				EDUCATION
INSTITUTE FOR IN VITRO SCIENCES 30 WEST WATKINS MILL ROAD SUITE 100 100 GAITHERSBURG,MD 20878	52-2029668	501C3	40,000				HEALTH
INSTITUTE FOR IN VITRO SCIENCES 30 WEST WATKINS MILL ROAD SUITE 100 100 GAITHERSBURG,MD 20878	52-2029668	501C3	25,000				INTERNATIONAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR IN VITRO SCIENCES 30 WEST WATKINS MILL ROAD SUITE 100 100 GAITHERSBURG,MD 20878	52-2029668	501C3	35,000				INTERNATIONAL
INTERNATIONAL COUNCIL OF SHOPPING CENTER 1221 AVENUE OF THE AMERICAS FL 41 NEW YORK,NY 10020	13-3525440	501C3	12,500				CIVIC & COMMUNITY
INTERNATIONAL LABOR RIGHTS FORUM 1634 I STREET NW SUITE 1001 WASHINGTON,DC 20006	52-1497461	501C3	10,000				CIVIC & COMMUNITY

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

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JAZZ ARTS GROUP OF COLUMBUS 734 EAST LONG STREET COLUMBUS, OH 43203	31-0852944	501C3	2,500				ARTS & CULTURE
JAZZ ARTS GROUP OF COLUMBUS 734 EAST LONG STREET COLUMBUS, OH 43203	31-0852944	501C3	15,000				ARTS & CULTURE
JAZZ ARTS GROUP OF COLUMBUS 734 EAST LONG STREET COLUMBUS, OH 43203	31-0852944	501C3	15,000				ARTS & CULTURE

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

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JDRF INTERNATIONAL MID-OHIO CHAPTER 1550 OLD HENDERSON RD SUITE N-160 COLUMBUS, OH 43220	23-1907729	501C3	5,000				HEALTH
JEANNE B MCCOY COMMUNITY CENTER C/O CAPA 55 EAST STATE STREET COLUMBUS, OH 43215	26-0388623	501C3	50,000				ARTS & CULTURE
JEWISH COMMUNITY CENTER 1125 COLLEGE AVENUE COLUMBUS, OH 43209	31-4379496	501C3	25,000				HUMAN SERVICES

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

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JEWISH THEOLOGICAL SEMINARY GREAT LAKES REGIONAL OFFICE 6735 TELEGRAPH ROAD SUITE 310 BLOOMFIELD HILLS, MI 483013145	13-0887640	501C3	10,000				DIVERSITY & INCLUSION
JUNIOR ACHIEVEMENT OF CENTRAL OHIO INC 68 EAST SECOND AVENUE COLUMBUS,OH 43201	31-4385042	501C3	15,000				EDUCATION
JUNIOR ACHIEVEMENT OF CENTRAL OHIO INC 68 EAST SECOND AVENUE COLUMBUS,OH 43201	31-4385042	501C3	25,000				EDUCATION

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

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KALEIDOSCOPE YOUTH CENTER INC PO BOX 8104 COLUMBUS,OH 43201	31-1411495	501C3	10,000				DIVERSITY & INCLUSION
KENT STATE UNIVERSITY FOUNDATION INC OFFICE OF DEVELOPMENT PO BOX 5190 KENT,OH 442420001	34-6576307	501C3	7,500				EDUCATION
KETTERING CITY SCHOOLS 3750 FAR HILLS AVENUE KETTERING,OH 45429	31-6000992	501C3	2,100				EDUCATION

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

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KETTERING PARKS FOUNDATION 3600 SHROYER ROAD KETTERING,OH 45429	31-1050162	501C3	2,500				CIVIC & COMMUNITY
KIPP COLUMBUS 2750 AGLER ROAD COLUMBUS,OH 43224	20-8627107	501C3	50,000				EDUCATION
KOMEN BREAST CANCER 602 SAWYER SUITE 201 HOUSTON,TX 77007	76-0360372	501C3	2,475				WOMEN

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

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KOMEN BREAST CANCER CHICAGOLAND 8765 WHIGGINS RD SUITE 401 CHICAGO,IL 60631	36-4111723	501C3	995				WOMEN
KOMEN BREAST CANCER CHICAGOLAND 8765 WHIGGINS RD SUITE 401 CHICAGO,IL 60631	36-4111723	501C3	1,405				WOMEN
KOMEN BREAST CANCER FOUNDATION 1333 SOUTH UNIVERSITY DRIVE SUITE 206 PLANTATION,FL 33324	75-2844638	501C3	1,315				WOMEN

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

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KOMEN BREAST CANCER FOUNDATION 929 EASTWIND DRIVE SUITE 211 WESTERVILLE,OH 43081	75-2844651	501C3	10,000				WOMEN
KOMEN BREAST CANCER FOUNDATION 929 EASTWIND DRIVE SUITE 211 WESTERVILLE,OH 43081	75-2844651	501C3	70,000				WOMEN
KOMEN BREAST CANCER FOUNDATION 929 EASTWIND DRIVE SUITE 211 WESTERVILLE,OH 43081	75-2844651	501C3	314,520				WOMEN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOMEN BREAST CANCER NEW YORK CITY 470 SEVENTH AVENUE 7TH FLOOR NEW YORK,NY 100182918	91-2049420	501C3	25,000				WOMEN
KOMEN DALLAS COUNTY AFFILIATE PO BOX 731696 DALLAS,TX 753731696	75-2444724	501C3	351				WOMEN
LAWRENCE FUNDERBURKE YOUTH ORGANIZATI 1255 N HAMILTON ROAD SUITE 135 GAHANNA,OH 43230	31-1737043	501C3	5,000				EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP COLUMBUS 150 SOUTH FRONT STREET SUITE 200 COLUMBUS,OH 43215	31-0855540	501C3	7,500				CIVIC & COMMUNITY
LEADERSHIP COLUMBUS 150 SOUTH FRONT STREET SUITE 200 COLUMBUS,OH 43215	31-0855540	501C3	20,000				CIVIC & COMMUNITY
LEAGUE OF WOMEN VOTERS OF METROPOLITAN 6500 BUSCH BLVD SUITE 129 COLUMBUS,OH 43229	31-1020460	501C3	5,000				WOMEN

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

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LEAGUE OF WOMEN VOTERS OF METROPOLITAN 6500 BUSCH BLVD SUITE 129 COLUMBUS,OH 43229	31-1020460	501C3	5,000				WOMEN
LEUKEMIA AND LYMPHOMA SOCIETY OF 2215 CITYGATE DRIVE SUITE A COLUMBUS,OH 43219	13-5644916	501C3	5,087				HEALTH
LICKING HEIGHTS LOCAL SCHOOL DISTRICT 6539 SUMMIT ROAD PATASKALA,OH 43062	31-6402606	501C3	6,000				EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFECARE ALLIANCE FOUNDATION 1699 WEST MOUND STREET COLUMBUS,OH 43223	31-4379494	501C3	10,000				HUMAN SERVICES
LIFECARE ALLIANCE FOUNDATION 1699 WEST MOUND STREET COLUMBUS,OH 43223	31-4379494	501C3	30,000				HUMAN SERVICES
LINCOLN THEATRE ASSOCIATION C/O CAPA 55 EAST STATE STREET COLUMBUS,OH 43215	20-5886656	501C3	5,000				ARTS & CULTURE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN THEATRE ASSOCIATION C/O CAPA 55 EAST STATE STREET COLUMBUS,OH 43215	20-5886656	501C3	25,000				ARTS & CULTURE
LINKS FOUNDATION INC 1200 MASSACHUSETTS AVENUE NW WASHINGTON,DC 200054501	52-1170830	501C3	2,500				DIVERSITY & INCLUSION
LINKS FOUNDATION INC 1200 MASSACHUSETTS AVENUE NW WASHINGTON,DC 200054501	52-1170830	501C3	5,000				DIVERSITY & INCLUSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOCAL MATTERS 731 EAST BROAD STREET THIRD FLOOR COLUMBUS,OH 43205	06-1819644	501C3	5,000				HEALTH
LOCAL MATTERS 731 EAST BROAD STREET THIRD FLOOR COLUMBUS,OH 43205	06-1819644	501C3	10,000				HEALTH
LOWER LIGHTS MINISTRIES 1066 BELLOWS AVENUE COLUMBUS,OH 43223	31-1300561	501C3	2,500				HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOWER LIGHTS MINISTRIES 1066 BELLOWS AVENUE COLUMBUS, OH 43223	31-1300561	501C3	2,500				HUMAN SERVICES
LUNG CANCER RESEARCH FOUNDATION 155 EAST 55TH STREET SUITE 6H NEW YORK, NY 10022	14-1935776	501C3	5,000				HEALTH
MARBURN ACADEMY 1860 WALDEN DRIVE COLUMBUS, OH 43229	31-1011901	501C3	10,000				EDUCATION

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MARBURN ACADEMY 1860 WALDEN DRIVE COLUMBUS,OH 43229	31-1011901	501C3	25,000				EDUCATION
MARBURN ACADEMY 1860 WALDEN DRIVE COLUMBUS,OH 43229	31-1011901	501C3	25,000				EDUCATION
MARTIN LUTHER KING JR BREAKFAST PO BOX 83134 COLUMBUS,OH 43203	31-1225276	501C3	15,000				DIVERSITY & INCLUSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN STATE UNIVERSITY 450 ADMINISTRATION BUILDING EAST LANSING,MI 48823	38-6005984	501C3	15,000				EDUCATION
MID OHIO FOODBANK 3960 BROOKHAM DRIVE GROVE CITY,OH 43123	31-0865343	501C3	50,000				HUMAN SERVICES
MOMENTUM EXCELLENCE INC 107 SOUTH HIGH STREET SUITE 200 COLUMBUS,OH 43215	46-4509725	501C3	15,000				ARTS & CULTURE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CENTER FOR MISSING CHARLES B WANG INTL CHILDRENS BLDG 699 PRINCE STREET ALEXANDRIA,VA 22314	52-1328557	501C3	25,000				CHILDREN
NATIONAL DOMESTIC VIOLENCE HOTLINE PO BOX 161810 AUSTIN,TX 78716	75-1658287	501C3	50,000				WOMEN
NATIONAL SOCIETY TO PREVENT BLINDNESS 1500 WEST THIRD AVENUE SUITE 200 COLUMBUS,OH 43212	36-3667121	501C3	5,000				HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL SOCIETY TO PREVENT BLINDNESS 1500 WEST THIRD AVENUE SUITE 200 COLUMBUS,OH 43212	36-3667121	501C3	5,000				HEALTH
NATIONAL URBAN LEAGUE 120 WALL STREET 8TH FLOOR NEWYORK,NY 10005	13-1840489	501C3	10,000				DIVERSITY & INCLUSION
NATIONWIDE CHILDRENS HOSPITAL FOUNDATI PO BOX 16810 COLUMBUS,OH 432166810	31-1036370	501C3	25,000				CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONWIDE CHILDRENS HOSPITAL FOUNDATI PO BOX 16810 COLUMBUS,OH 432166810	31-1036370	501C3	100,000				CHILDREN
NATIONWIDE CHILDRENS HOSPITAL FOUNDATI PO BOX 16810 COLUMBUS,OH 432166810	31-1036370	501C3	250,000				CHILDREN
NATIONWIDE CHILDRENS HOSPITAL FOUNDATI PO BOX 16810 COLUMBUS,OH 432166810	31-1036370	501C3	100,000				WOMEN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATURE CONSERVANCY OHIO CHAPTER 6375 RIVERSIDE DRIVE SUITE 100 DUBLIN,OH 43017	53-0242652	501C3	5,000				ENVIRONMENT
NAWBO COLUMBUS FOUNDATION 118 GRACELAND BLVD STE 175 COLUMBUS,OH 43214	46-1803351	501C3	1,750				WOMEN
NEGEV FOUNDATION 2121 SOUTH GREEN ROAD SUITE 210 SOUTH EUCLID,OH 44121	34-1690546	501C3	10,000				CIVIC & COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ALBANY POLICE DEPARTMENT 50 VILLAGE HALL ROAD PO BOX 271 NEW ALBANY, OH 43054	31-0649470	501C3	2,500				CIVIC & COMMUNITY
NEW ALBANY SYMPHONY ORCHESTRA PO BOX 332 NEW ALBANY, OH 43054	51-0657626	501C3	5,000				ARTS & CULTURE
NEW DIRECTIONS CAREER CENTER 199 EAST RICH STREET COLUMBUS, OH 43215	31-1130384	501C3	10,000				WOMEN

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

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NEW DIRECTIONS CAREER CENTER 199 EAST RICH STREET COLUMBUS, OH 43215	31-1130384	501C3	20,000				WOMEN
NEW LEADERS FOR OHIO SCHOOLS 41 SOUTH HIGH STREET SUITE 2240 COLUMBUS, OH 43215	46-5074939	501C3	30,000				EDUCATION
NEWARK MIDLAND THEATRE ASSOCIATION 36 NORTH PARK PLACE NEWARK, OH 43058	31-1734034	501C3	2,500				ARTS & CULTURE

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

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NEXTGEN NETWORK DBA CALIBR 1010 WISCONSIN AVENUE NW SUITE 430 WASHINGTON,DC 20007	36-4344785	501C3	10,000				DIVERSITY & INCLUSION
NORTH MARKET DEVELOPMENT AUTHORITY INC 59 SPRUCE STREET 2ND FLOOR-BUSINESS OFFICE COLUMBUS,OH 43215	31-1039842	501C3	7,500				CIVIC & COMMUNITY
OHIO CPA FOUNDATION PO BOX 2032 DUBLIN,OH 43017	31-6052485	501C3	5,000				EDUCATION

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

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OHIO NEWSBOYS ASSOCIATION INC 4300 INDIANOLA AVENUE COLUMBUS,OH 432142221	31-6401150	501C3	10,000				HUMAN SERVICES
OHIO STATE UNIVERSITY FOUNDATION CORPORATE AND FOUNDATION RELATIONS 1480 WEST LANE AVENUE COLUMBUS,OH 432213928	31-1145986	501C3	4,050,000				EDUCATION
OSU CHABAD HOUSE 6220 EAST DUBLIN-GRANVILLE ROAD PO BOX 80 NEW ALBANY,OH 43054	31-1427001	501C3	5,000				CHILDREN

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

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OSU CHABAD HOUSE 6220 EAST DUBLIN-GRANVILLE ROAD PO BOX 80 NEW ALBANY, OH 43054	31-1427001	501C3	10,000				CHILDREN
OTTERBEIN UNIVERSITY 1 SOUTH GROVE STREET WESTERVILLE, OH 43081	31-4379532	501C3	1,500				WOMEN
OUR PLACE IN NEW YORK INC 44 WALL STREET SECOND FLOOR NEW YORK, NY 10005	11-3463309	501C3	10,000				CHILDREN

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PARSONS AVENUE REDEVELOPMENT CORPORATION PO BOX 6355 COLUMBUS, OH 43206	46-3644554	501C3	500				CIVIC & COMMUNITY
PHILANTHROPY OHIO 500 SOUTH FRONT STREET SUITE 900 COLUMBUS, OH 43215	31-1111842	501C3	5,000				CIVIC & COMMUNITY
PLANNED PARENTHOOD OF GREATER OHIO INC 206 EAST STATE STREET COLUMBUS, OH 43215	34-1015976	501C3	15,000				WOMEN

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

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PLAYWRIGHTS HORIZONS INC 416 WEST 42ND STREET NEW YORK,NY 10036	13-2805131	501C3	10,000				ARTS & CULTURE
PRO MUSICA CHAMBER ORCHESTRA OF COLUMBUS 620 EAST BROAD STREET SUITE 300 COLUMBUS,OH 43215	31-0952873	501C3	10,000				ARTS & CULTURE
REEB COMMUNITY CENTER C/O CRANE GROUP COMPANY 330 WEST SPRING STREET SUITE 200 COLUMBUS,OH 43215	46-3956659	501C3	25,000				CIVIC & COMMUNITY

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REFUGEES INTERNATIONAL 2001 S STREET NW SUITE 700 WASHINGTON,DC 20009	52-1224516	501C3	5,000				INTERNATIONAL
RELA 3520 SNOUFFER ROAD SUITE 200 COLUMBUS,OH 43235	46-3847944	501C3	15,000				CIVIC & COMMUNITY
REYNOLDSBURG CITY SCHOOLS 7244 EAST MAIN STREET REYNOLDSBURG,OH 43068	31-6400910	501C3	2,000				EDUCATION

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RULING OUR EXPERIENCES (ROX) 1335 DUBLIN ROAD SUITE 18A COLUMBUS,OH 43215	27-2913874	501C3	27,500				WOMEN
SAFE HORIZON INC 2 LAFAYETTE STREET 3RD FLOOR NEWYORK,NY 10007	13-2946970	501C3	10,000				WOMEN
SAINT STEPHENS COMMUNITY HOUSE 1500 EAST 17TH AVENUE COLUMBUS,OH 43219	31-4379568	501C3	1,500				HUMAN SERVICES

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SAINT STEPHENS COMMUNITY HOUSE 1500 EAST 17TH AVENUE COLUMBUS,OH 43219	31-4379568	501C3	20,000				HUMAN SERVICES
SAINT VINCENT FAMILY CENTERS 1490 EAST MAIN STREET COLUMBUS,OH 43205	31-4379572	501C3	5,000				CHILDREN
SAINT VINCENT FAMILY CENTERS 1490 EAST MAIN STREET COLUMBUS,OH 43205	31-4379572	501C3	5,000				CHILDREN

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

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SALVATION ARMY 966 EAST MAIN STREET COLUMBUS,OH 43205	13-5562351	501C3	10,000				HUMAN SERVICES
SALVATION ARMY 966 EAST MAIN STREET COLUMBUS,OH 43205	13-5562351	501C3	10,000				HUMAN SERVICES
SALVATION ARMY 966 EAST MAIN STREET COLUMBUS,OH 43205	13-5562351	501C3	24,000				HUMAN SERVICES

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SHADOART PRODUCTIONS 503 SOUTH FRONT STREET SUITE 260 COLUMBUS,OH 43215	31-1340461	501C3	10,000				ARTS & CULTURE
SHORT NORTH ALLIANCE INC 21 EAST FIFTH AVENUE SUITE 103 COLUMBUS,OH 43201	45-4891723	501C3	10,000				CIVIC & COMMUNITY
SHORT NORTH STAGE INC PO BOX 10689 COLUMBUS,OH 43201	27-4007335	501C3	5,000				ARTS & CULTURE

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SHORT NORTH STAGE INC PO BOX 10689 COLUMBUS,OH 43201	27-4007335	501C3	5,000				ARTS & CULTURE
SHORT NORTH STAGE INC PO BOX 10689 COLUMBUS,OH 43201	27-4007335	501C3	10,000				ARTS & CULTURE
SIMON KENTON COUNCIL BOY SCOUTS OF 807 KINNEAR ROAD COLUMBUS,OH 43212	31-4388520	501C3	2,500				CHILDREN

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

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SOMALI COMMUNITY ACCESS NETWORK 700 MORSE ROAD SUITE 101 COLUMBUS, OH 43214	26-3857036	501C3	1,000				EDUCATION
ST LUKE FOUNDATION FOR HAITI C/O TERRI FRECHETTE-BRAINERD 58 LYNN ROAD IVORYTON, CT 06442	27-4377746	501C3	25,000				HEALTH
STAMFORD EMERGENCY MEDICAL SERVICES INC 684 LONG RIDGE ROAD STAMFORD, CT 06902	22-2757306	501C3	5,000				HEALTH

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STONEWALL COLUMBUS INC 1160 NORTH HIGH STREET COLUMBUS,OH 43201	31-1189481	501C3	10,000				DIVERSITY & INCLUSION
STONY BROOK FOUNDATION INC ADMINISTRATION BUILDING ROOM 230 STONY BROOK,NY 117941188	11-6077945	501C3	5,000				WOMEN
UNITED NEGRO COLLEGE FUND INC (COLS) 341 SOUTH THIRD STREET SUITE 203 COLUMBUS,OH 43215	13-1624241	501C3	5,000				DIVERSITY & INCLUSION

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UNITED NEGRO COLLEGE FUND INC (COLS) 341 SOUTH THIRD STREET SUITE 203 COLUMBUS, OH 43215	13-1624241	501C3	20,000				DIVERSITY & INCLUSION
UNITED WAY ATLANTA 100 EDGEWOOD AVENUE NE ATLANTA, GA 30303	58-0566194	501C3	5,609				CIVIC & COMMUNITY
UNITED WAY BROWARD COUNTY 1300 SOUTH ANDREWS AVENUE FT LAUDERDALE, FL 33316	59-0624402	501C3	3,183				CIVIC & COMMUNITY

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UNITED WAY CENTRAL OHIO 360 SOUTH THIRD STREET COLUMBUS, OH 432155485	31-4393712	501C3	165,000				CIVIC & COMMUNITY
UNITED WAY CENTRAL OHIO 360 SOUTH THIRD STREET COLUMBUS, OH 432155485	31-4393712	501C3	250,000				CIVIC & COMMUNITY
UNITED WAY CENTRAL OHIO 360 SOUTH THIRD STREET COLUMBUS, OH 432155485	31-4393712	501C3	262,838				CIVIC & COMMUNITY

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UNITED WAY CENTRAL OHIO 360 SOUTH THIRD STREET COLUMBUS,OH 432155485	31-4393712	501C3	3,600,000				CIVIC & COMMUNITY
UNITED WAY CENTRAL OHIO 360 SOUTH THIRD STREET COLUMBUS,OH 432155485	31-4393712	501C3	12,500				DIVERSITY & INCLUSION
UNITED WAY CENTRAL OHIO 360 SOUTH THIRD STREET COLUMBUS,OH 432155485	31-4393712	501C3	10,000				EDUCATION

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UNITED WAY CHICAGO 333 SOUTH WABASH AVENUE 30TH FLOOR CHICAGO, IL 60614	30-0200478	501C3	3,359				CIVIC & COMMUNITY
UNITED WAY CINCINNATI 2400 READING ROAD CINCINNATI, OH 452021458	31-0537502	501C3	325				CIVIC & COMMUNITY
UNITED WAY DALLAS 1800 NORTH LAMAR DALLAS, TX 75202	75-6005352	501C3	2,955				CIVIC & COMMUNITY

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UNITED WAY DAYTON AREA 33 WEST FIRST STREET SUITE 500 DAYTON,OH 45402	31-0536658	501C3	121				CIVIC & COMMUNITY
UNITED WAY DAYTON AREA 33 WEST FIRST STREET SUITE 500 DAYTON,OH 45402	31-0536658	501C3	10,000				CIVIC & COMMUNITY
UNITED WAY DAYTON AREA 33 WEST FIRST STREET SUITE 500 DAYTON,OH 45402	31-0536658	501C3	100,000				CIVIC & COMMUNITY

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UNITED WAY IOWA 317 7TH AVENUE SE SUITE 401 CEDAR RAPIDS, IA 52401	42-0861239	501C3	1,300				CIVIC & COMMUNITY
UNITED WAY NATIONAL CAPITAL AREA 1577 SPRING HILL ROAD SUITE 420 VIENNA, VA 22182	53-0234290	501C3	300				CIVIC & COMMUNITY
UNITED WAY NEW MEXICO 2340 ALAMO AVENUE SE SECOND FLOOR ALBUQUERQUE, NM 87106	85-0277138	501C3	1,878				CIVIC & COMMUNITY

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UNITED WAY NEW YORK CITY 205 EAST 42ND STREET NEW YORK,NY 10017	13-2617681	501C3	18,025				CIVIC & COMMUNITY
UNITED WAY NEW YORK CITY 205 EAST 42ND STREET NEW YORK,NY 10017	13-2617681	501C3	23,787				CIVIC & COMMUNITY
UNITED WAY NEW YORK CITY 205 EAST 42ND STREET NEW YORK,NY 10017	13-2617681	501C3	475,000				CIVIC & COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE BAY AREA 550 KEARNY STREET SUITE 1000 SAN FRANSISCO, CA 94108	94-1312348	501C3	260				CIVIC & COMMUNITY
UNITED WAY OF WILLIAMSON COUNTY PO BOX 708 ROUND ROCK, TX 78680	23-7396732	501C3	7,800				CIVIC & COMMUNITY
UNITED WAY ORANGE COUNTY 18012 MITCHELL AVENUE SOUTH IRVINE,CA 92614	33-0047994	501C3	1,209				CIVIC & COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY RICHMOND 2001 MAYWILL STREET SUITE 201 RICHMOND,VA 23230	23-7375346	501C3	3,089				CIVIC & COMMUNITY
UNITED WAY SHIAWASSEE 123 SOUTH WASHINGTON STREET OWOSSO,MI 48867	38-6006199	501C3	3,720				CIVIC & COMMUNITY
UNITED WAY SUNCOAST TAMPA BAY OFFICE 5201 W KENNEDY BLVD SUITE 600 TAMPA,FL 336091820	59-3725701	501C3	650				CIVIC & COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY WORLDWIDE 701 NORTH FAIRFAX STREET ALEXANDRIA,VA 22314	13-1635294	501C3	1,058				CIVIC & COMMUNITY
UNITED WAY TWIN CITIES 404 SOUTH EIGHTH STREET MINNEAPOLIS,MN 55404	41-1973442	501C3	2,714				CIVIC & COMMUNITY
URBAN LAND INSTITUTE URBAN LAND INSTITUTE COLUMBUS 1196 HOPE AVENUE COLUMBUS,OH 43212	53-0159845	501C3	25,000				CIVIC & COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICECORPS READING SERVICE 2955 WEST BROAD STREET COLUMBUS, OH 43204	34-1169085	501C3	2,500				CIVIC & COMMUNITY
WELLINGTON SCHOOL 3650 REED ROAD COLUMBUS, OH 43220	31-0977200	501C3	5,000				EDUCATION
WELSH HILLS SCHOOL INC 2610 NEWARK GRANVILLE ROAD GRANVILLE, OH 43023	31-0967486	501C3	5,000				EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELSH HILLS SCHOOL INC 2610 NEWARK GRANVILLE ROAD GRANVILLE,OH 43023	31-0967486	501C3	5,000				EDUCATION
WEXNER HERITAGE VILLAGE 1151 COLLEGE AVENUE COLUMBUS,OH 43209	31-4417962	501C3	50,000				HUMAN SERVICES
WOMEN'S FUND OF CENTRAL OHIO 2323 WEST FIFTH AVENUE SUITE 230 COLUMBUS,OH 43204	31-1784310	501C3	15,000				WOMEN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMENS SMALL BUSINESS ACCELERATOR OF 403 WEST MAIN STREET WESTERVILLE,OH 43081	45-5625057	501C3	1,000				CIVIC & COMMUNITY
WOMENS SMALL BUSINESS ACCELERATOR OF 403 WEST MAIN STREET WESTERVILLE,OH 43081	45-5625057	501C3	1,250				CIVIC & COMMUNITY
WOMENS SMALL BUSINESS ACCELERATOR OF 403 WEST MAIN STREET WESTERVILLE,OH 43081	45-5625057	501C3	5,000				CIVIC & COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD OF CHILDREN INC 11501 DUBLIN BLVD SUITE 200 DUBLIN,CA 94568	31-1772381	501C3	25,000				CHILDREN
YOUNG MENS CHRISTIAN ASSOCIATION 40 WEST LONG STREET COLUMBUS,OH 43215	31-4379594	501C3	5,000				HUMAN SERVICES
YOUNG MENS CHRISTIAN ASSOCIATION 40 WEST LONG STREET COLUMBUS,OH 43215	31-4379594	501C3	5,000				HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG WOMENS CHRISTIAN ASSOCIATION 65 SOUTH FOURTH STREET COLUMBUS,OH 43215	31-4379597	501C3	50,000				WOMEN
YOUNG WOMENS CHRISTIAN ASSOCIATION 65 SOUTH FOURTH STREET COLUMBUS,OH 43215	31-4379597	501C3	75,000				WOMEN
YWCA OF DAYTON 141 WEST THIRD STREET DAYTON,OH 45402	31-0537168	501C3	5,000				WOMEN

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
L BRANDS FOUNDATION

Employer identification number
31-1387703

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," on line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," on line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7	No
<div><div>8</div><div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

Part II

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DOUGLAS F KRIDLER ASST SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	358,216	0	0	88,110	26,756	473,082	0
2 RAYMOND J BIDDISCOMBE ASST TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	210,081	0	0	26,651	9,447	246,179	0

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization L BRANDS FOUNDATION	Employer identification number 31-1387703
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ABAGAIL WEXNER IS A MEMBER OF THE BOARD OF DIRECTORS OF LIMITED BRANDS, INC TIM FABER AND DOUG WILLIAMS ARE BOTH EMPLOYED BY LIMITED BRANDS, INC
FORM 990, PART VI, SECTION B, LINE 11	TO FACILITATE THE TIMELY FILING OF THE FORM 990, THE RETURN IS NOT REVIEWED PRIOR TO ITS FILING BY ALL TRUSTEES THE RETURN IS, HOWEVER, AVAILABLE FOR REVIEW AT THE NEXT REGULARLY SCHEDULED BOARD MEETING
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, TRUSTEES ARE REQUIRED, IN WRITING, TO CONFIRM BOTH THEIR UNDERSTANDING OF THE FOUNDATION'S CONFLICT OF INTEREST POLICY, AND THAT HE/SHE IS IN COMPLIANCE WITH IT
FORM 990, PART VI, SECTION B, LINE 15	TOP OFFICIALS ARE NOT COMPENSATED
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORMS 1023 AND 990 ARE AVAILABLE UPON REQUEST FURTHER, THE ORGANIZATION'S FORM 990 IS AVAILABLE AT WWW GUIDESTAR ORG
FORM 990, PART VI, SECTION C, LINE 19	THIS ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	PRIOR YEAR GRANTS RESCINDED 422,469
FORM 990, PART XII, LINE 2C	THE ORGANIZATION DOES NOT HAVE A FORMAL COMMITTEE WITH SPECIFIC DUTIES TO OVERSEE THE AUDIT AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT HOWEVER, THE FOUNDATION'S FINANCIAL STATEMENTS ARE REVIEWED BY THE ENTIRE BOARD OF TRUSTEES EITHER AT A FORMAL BOARD MEETING, OR BY MEANS OF AN "ACTIONS WITHOUT A MEETING " AN OFFICER OF THE FOUNDATION, EITHER THE TREASURER OR ASSISTANT TREASURER PRESENTS THE AUDITED FINANCIAL STATEMENTS SIMILARLY, ANY DISCUSSION REGARDING THE SELECTION AND RETENTION OF THE INDEPENDENT ACCOUNTANT IS DONE AT THE BOARD LEVEL THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
L BRANDS FOUNDATION

Employer identification number
31-1387703

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

No

1p

Yes

1q

No

1r

No

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)THE COLUMBUS FOUNDATION	M	147,000	CASH PAYMENT
(2)THE COLUMBUS FOUNDATION	P	4,150	CASH PAYMENT
(3)THE COLUMBUS FOUNDATION	B	10,892,582	CASH AND FUTURE PAYMENTS

Schedule R (Form 990) 2015

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 31-1387703

Name: L BRANDS FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
THE COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-6044264	GRANTMAKING	OH	501C3	LINE 8	N/A		No
COMMUNITY FOUNDATIONS INC 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1197385	GRANTMAKING	OH	501C3	LINE 8	N/A		No
BATTELLE CHARITIES 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1772342	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
BORROR FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 20-0523484	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
CENTRAL BENEFITS HEALTH CARE FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1502517	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
COLUMBUS YOUTH FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-6034435	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
COMMUNITY GIFTS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1606919	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
CRANE FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 41-2138379	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
THE WILLIAM H DAVIS DOROTHY M DAVIS AND WILLIAM C DAVIS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1372548	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
THE PAUL G DUKE FOUNDATION INC 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1045339	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
THE FG FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 01-0552288	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
JOHN B & DARETH GERLACH FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1487829	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
THE JOHN J & PAULINE GERLACH FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1453633	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
GREER FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1438583	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
HINSON FAMILY TRUST 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-6653583	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
INGRAM-WHITE CASTLE FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-6051433	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
KIDD FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1631547	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	COMMUNITY FOUNDATIONS INC		No
THE ARTHUR & SARA JO KOBACKER ALFRED & IDA KOBACKER FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1380072	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
THE MARSH FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1364161	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
THE JOHN H MCCONNELL FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1253999	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No

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

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