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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HAMILTON COMMUNITY FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
319 N THIRD STREET

City or town, state or province, country, and ZIP or foreign postal code
HAMILTON, OH 45011

D Employer identification number
31-6038277

E Telephone number
(513) 863-1389

G Gross receipts $ 42,739,555

F Name and address of principal officer
JOHN GUIDUGLI
319 N THIRD STREET
HAMILTON, OH 45011

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

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

H(c) Group exemption number ▶

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

J Website: ▶ HAMILTONFOUNDATION.ORG

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

L Year of formation 1951

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
BUILDING A BETTER COMMUNITY THROUGH CREATIVE PHILANTHROPY, VISION, AND LEADERSHIP

2 Check this box ▶ ☐ 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**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	7
6	Total number of volunteers (estimate if necessary)	**6**	80
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	6,255
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	5,255

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,536,317	8,459,139
9	Program service revenue (Part VIII, line 2g)	834,129	730,247
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,131,132	6,315,701
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,501,578	15,505,087
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,383,506	8,782,641
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)	620,278	585,809
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶144,650		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,701,199	1,394,891
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,704,983	10,763,341
19	Revenue less expenses Subtract line 18 from line 12	796,595	4,741,746

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	88,811,814	85,621,284
21	Total liabilities (Part X, line 26)	3,455,907	2,180,703
22	Net assets or fund balances Subtract line 21 from line 20	85,355,907	83,440,581

Part II Signature Block

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

Sign Here

******
Signature of officer — 2016-11-11 Date

JOHN GUIDUGLI PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KATHLEEN MITTS CPA	KATHLEEN MITTS CPA			P01085771

Firm's name ▶ MOUNTJOY CHILTON MEDLEY LLP — Firm's EIN ▶ 27-1235638

Firm's address ▶ 201 EAST FIFTH STREET SUITE 2100
CINCINNATI, OH 45202 — Phone no (513) 579-1717

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE FOUNDATION RECEIVES CONTRIBUTIONS FROM DONORS IN THE COMMUNITY AND THEN THROUGH THE ABOVE GIFTS AND GRANTS ENRICH THE COMMUNITY THROUGH STRATEGIC GRANT MAKING IN THE FIELDS OF THE ARTS, EDUCATION, HOUSING, SOCIAL SERVICES, CIVIC BEAUTIFICATION, COMMUNITY DEVELOPMENT AND RECREATION

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 $ 9,973,033 including grants of $ 8,782,641) (Revenue $ 730,247)

THE FOUNDATION RECEIVED CONTRIBUTIONS FROM DONORS IN THE COMMUNITY AND THEN THROUGH THE ABOVE GIFTS AND GRANTS ENRICH THE COMMUNITY THROUGH STRATEGIC GRANT MAKING IN THE FIELDS OF THE ARTS, EDUCATION, HOUSING, SOCIAL SERVICES, CIVIC BEAUTIFICATION, COMMUNITY DEVELOPMENT AND RECREATION

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 9,973,033

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	80		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
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		Yes	
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	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☑ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ DANIEL SANDER 319 N THIRD STREET HAMILTON, OH 45011 (513) 863-1717

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) THOMAS RENTSCHLER TRUSTEE	1 00	X						0	0	0
(2) JOHN KIRSCH TRUSTEE	1 00	X						0	0	0
(3) KATHLEEN KLINK TRUSTEE	1 00	X						0	0	0
(4) SARA CARRUTHERS TRUSTEE	1 00	X						0	0	0
(5) JAMES FITTON TRUSTEE	1 00	X						0	0	0
(6) STEVE TIMMER TRUSTEE	1 00	X						0	0	0
(7) CINDY PARRISH TRUSTEE	1 00	X						0	0	0
(8) LEE PARRISH LEGAL COUNSEL	1 00	X						0	0	0
(9) SCOTT HARTFORD SECRETARY	1 00	X		X				0	0	0
(10) HERMAN SANDERS CHAIR	1 00	X		X				0	0	0
(11) HEATHER LEWIS VICE CHAIR	1 00	X		X				0	0	0
(12) CRAIG WILKES TREASURER	1 00	X		X				0	0	0
(13) JOHN GUIDUGLI CEO	40 00			X				145,050	0	7,238

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								145,050	0	7,238

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 ▶ 1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MSK 462 SOUTH LUDLOW ALLEY COLUMBUS, OH 43215	ENGINEERING	238,537

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 ▶ 1

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	8,459,139			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f ▶		8,459,139			
Program Service Revenue		Business Code				
	2a ADMINISTRATIVE FEES	900001	730,247	730,247		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		730,247			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		2,150,471		6,255	2,144,216
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	31,329,490	70,208			
	b Less cost or other basis and sales expenses	27,143,328	91,140			
	c Gain or (loss)	4,186,162	-20,932			
	d Net gain or (loss) ▶		4,165,230			4,165,230
	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 ▶		15,505,087	730,247	6,255	6,309,446

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	8,261,416	8,261,416		
2 Grants and other assistance to domestic individuals See Part IV, line 22	521,225	521,225		
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	152,288	76,144	45,686	30,458
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	377,487	188,744	113,246	75,497
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,059	7,529	4,518	3,012
9 Other employee benefits	2,971	1,486	891	594
10 Payroll taxes	38,004	19,002	11,401	7,601
11 Fees for services (non-employees)				
a Management				
b Legal	1,733	347	1,213	173
c Accounting	13,809	2,762	9,666	1,381
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,003,733	804,441	199,292	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,288		9,288	
12 Advertising and promotion	12,911	3,873	1,291	7,747
13 Office expenses	9,449	647	8,802	
14 Information technology	7,119	3,481	2,453	1,185
15 Royalties				
16 Occupancy	24,986	21,287	3,699	
17 Travel	2,961	1,481	888	592
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,503	5,251	1,750	10,502
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	236,064	19,870	216,194	
23 Insurance	12,619		12,619	
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 PROGRAM EXPENSE	15,690	15,690		
b DEVELOPMENT & TRAINING	15,303	8,840	1,675	4,788
c DUES & SUBSCRIPTIONS	11,197	9,517	560	1,120
d MISCELLANEOUS	526		526	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	10,763,341	9,973,033	645,658	144,650
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		400	1	401
	2	Savings and temporary cash investments		2,633,014	2	4,251,032
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		7,743,555	7	9,262,858
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		141	9	456
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 9,728,062			
	b	Less accumulated depreciation	10b 4,112,660	5,076,466	10c	5,615,402
	11	Investments—publicly traded securities		67,256,880	11	58,543,036
	12	Investments—other securities See Part IV, line 11		5,219,082	12	7,274,255
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		882,276	15	673,844
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		88,811,814	16	85,621,284
Liabilities	17	Accounts payable and accrued expenses		68,154	17	65,787
	18	Grants payable		3,387,753	18	2,114,916
	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		3,455,907	26	2,180,703
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		20,731,180	27	22,335,006
	28	Temporarily restricted net assets		24,823,682	28	41,781,168
	29	Permanently restricted net assets		39,801,045	29	19,324,407
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			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		85,355,907	33	83,440,581
	34	Total liabilities and net assets/fund balances		88,811,814	34	85,621,284

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,505,087
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,763,341
3	Revenue less expenses Subtract line 2 from line 1	3	4,741,746
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85,355,907
5	Net unrealized gains (losses) on investments	5	-7,420,883
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	775,000
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-11,189
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	83,440,581

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **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
HAMILTON COMMUNITY FOUNDATION

Employer identification number
31-6038277

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 . . . . . _____

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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Schedule A (Form 990 or 990-EZ) 2015

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)	4,176,264	5,472,589	4,782,238	4,536,317	8,459,139	27,426,547
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	4,176,264	5,472,589	4,782,238	4,536,317	8,459,139	27,426,547
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)						10,185,557
6 **Public support.** Subtract line 5 from line 4						17,240,990

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	4,176,264	5,472,589	4,782,238	4,536,317	8,459,139	27,426,547
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,772,752	1,699,142	2,823,358	1,907,589	2,150,471	10,353,312
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						37,779,859

12	Gross receipts from related activities, etc (see instructions)	12 3,739,765

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 45 640 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15 68 410 %

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public 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 ▶ ☐

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 ▶ ☐

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

Part IV 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		
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		
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		
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		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
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		
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		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	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? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	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) ☐

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			
a			
b			
c			
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			
a			
b			
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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HAMILTON COMMUNITY FOUNDATION

Employer identification number
31-6038277

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	89	496
2	Aggregate value of contributions to (during year)	4,316,908	4,425,446
3	Aggregate value of grants from (during year)	926,244	7,877,296
4	Aggregate value at end of year	7,365,356	75,320,094

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 ▶ $ 370,100

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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	73,638,277	38,705,462	34,404,190	28,747,994	45,768,975
b	Contributions	8,459,139	1,151,096	479,672	2,296,741	180,458
c	Net investment earnings, gains, and losses	-2,135,437	2,261,832	5,641,403	4,640,676	-15,244,853
d	Grants or scholarships		1,062,005	1,287,602	1,000,807	1,932,525
e	Other expenditures for facilities and programs	10,031,555	204,655	222,652	257,828	
f	Administrative expenses		341,949	309,549	22,586	24,061
g	End of year balance	69,930,424	40,509,781	38,705,462	34,404,190	28,747,994

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

- a Board designated or quasi-endowment ▶ 13 700 %
- b Permanent endowment ▶ 27 630 %
- c Temporarily restricted endowment ▶ 58 670 %

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		347,519		347,519
b Buildings		9,276,770	4,054,239	5,222,531
c Leasehold improvements				
d Equipment		98,778	53,426	45,352
e Other		4,995	4,995	0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				5,615,402

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) WEATHERLOW OFFSHORE FUND 1 LTD CLASS IA	2,679,038	F
(B) WEATHERLOW OFFSHORE FUND 1 LTD CLASS IA - M	3,255,460	F
(C) COAST DIVERSIFIED FUND II	37,448	F
(D) FEG PRIVATE OPPORTUNITIES FUND, L P	1,089,716	F
(E) FEG PRIVATE OPPORTUNITIES FUND II, L P	212,593	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	7,274,255	

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

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

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

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

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements			1	7,358,735
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-7,420,883		
b	Donated services and use of facilities	2b	253,200		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-11,189		
e	Add lines **2a** through **2d**			2e	-7,178,872
3	Subtract line **2e** from line **1**			3	14,537,607
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	988,412		
b	Other (Describe in Part XIII)	4b	-20,932		
c	Add lines **4a** and **4b**			4c	967,480
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	15,505,087

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	10,049,061
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	253,200		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	20,932		
e	Add lines **2a** through **2d**			2e	274,132
3	Subtract line **2e** from line **1**			3	9,774,929
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	988,412		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	988,412
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	10,763,341

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 III, LINE 4	LANE-HOOVEN HOUSE AND PERIOD FURNITURE ARE USED AS ADMINISTRATIVE OFFICES OF THE ORGANIZATION THEY ARE AVAILABLE TO BE TOURED BY PUBLIC FREE OF CHARGE AND HCF IS HELPING TO PRESERVE THEM FOR FUTURE GENERATIONS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	EXPENSE RECLASSIFIED AS LOSS ON HELD FOR SALE PROPERTY
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSE RECLASSIFIED AS LOSS ON HELD FOR SALE PROPERTY
PART V LINE 1G	THE ENDOWMENT FUNDS WERE INCORRECTLY ACCOUNTED FOR IN THE PRIOR YEAR CAUSING A DIFFERENCE IN THE 2014 ENDING BALANCE AND 2015 BEGINNING BALANCE

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ 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
HAMILTON COMMUNITY FOUNDATION

Employer identification number
31-6038277

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)	CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENT		5,971,946
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	0	0			5,971,946
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			5,971,946

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)									
(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 . . . . ▶ _____

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

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

Additional Data

Software ID:
Software Version:
EIN: 31-6038277
Name: HAMILTON COMMUNITY FOUNDATION

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).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319023836

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HAMILTON COMMUNITY FOUNDATION

Employer identification number
31-6038277

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 65

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 4

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
(1) SCHOLARSHIPS	273	503,450			
(2) CANCER ASSISTANCE/MEDICINE	26	12,754			
(3) ORTHODONTIC FUND	9	5,021			

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	BOARD DESIGNATED GRANTS - ALL RECIPIENTS SIGN A FORM STATING THAT THE FUNDS WILL BE USED FOR SPECIFIC, BOARD DESIGNATED PURPOSES IN ADDITION, PERIODIC PROGRESS REPORTS ARE REQUIRED

Additional Data

Software ID:
Software Version:
EIN: 31-6038277
Name: HAMILTON COMMUNITY 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
3CDC - CINCINNATI CENTER CITY DEVELOPMENT CORPORATION 1203 WALNUT STREET 4TH FLOOR CINCINNATI,OH 45202	20-0446324	501(C)(3)	33,000				2015 OPERATIONAL DONATION FOR CINTRIFUSE
ANTIQUE AND CLASSIC CAR CLUB OF BUTLER COUNTY P O BOX 237 HAMILTON,OH 450120237	31-1380377	501(C)(4)	6,000				61ST ANTIQUE AND CLASSIC CAR SHOW - 2015
CITY OF HAMILTON 345 HIGH STREET HAMILTON,OH 45011	31-6000142	115(2)	31,000				MONUMENT CABIN PHASE 2

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
BADIN HIGH SCHOOL 571 NEW LONDON ROAD HAMILTON,OH 450133654	31-0537113	501(C)(3)	23,500				GENERAL SUPPORT
BADIN HIGH SCHOOL 571 NEW LONDON ROAD HAMILTON,OH 450133654	31-0537113	501(C)(3)	25,000				WE REMEMBER CELEBRATE BELIEVE - MAJOR GIFT
BADIN HIGH SCHOOL 571 NEW LONDON ROAD HAMILTON,OH 450133654	31-0537113	501(C)(3)	11,864				8% ANNUAL DISTRIBUTION FOR SCHOLARSHIPS-2015

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
BADIN HIGH SCHOOL 571 NEW LONDON ROAD HAMILTON,OH 450133654	31-0537113	501(C)(3)	500				TUITION ASSISTANCE - NOTRE DAME ALUMNI SCHOLARSHIP
BADIN HIGH SCHOOL 571 NEW LONDON ROAD HAMILTON,OH 450133654	31-0537113	501(C)(3)	18,920				TUITION ASSISTANCE
BADIN HIGH SCHOOL 571 NEW LONDON ROAD HAMILTON,OH 450133654	31-0537113	501(C)(3)	1,000				EVERYDAY ART TILT-TOP TABLES FOR THE ART CLASSROOM

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
BADIN HIGH SCHOOL 571 NEW LONDON ROAD HAMILTON,OH 450133654	31-0537113	501(C)(3)	1,000				SCHOLAR LEADER PROGRAM
BARBARA BUSH FOUNDATION FOR FAMILY LITERACY 516 NORTH ADAMS STREET TALLAHASSEE,FL 32301	26-0587238	501(C)(3)	10,000				BB@90
BOYS & GIRLS CLUB OF HAMILTON 958 EAST AVENUE HAMILTON,OH 450113809	31-0616383	501(C)(3)	16,000				ANNUAL AUCTION

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 & GIRLS CLUB OF HAMILTON 958 EAST AVENUE HAMILTON,OH 450113809	31-0616383	501(C)(3)	500				RECREATION
BOYS & GIRLS CLUB OF HAMILTON 958 EAST AVENUE HAMILTON,OH 450113809	31-0616383	501(C)(3)	4,000				GIRLS SETTING GOALS
BOYS & GIRLS CLUB OF HAMILTON 958 EAST AVENUE HAMILTON,OH 450113809	31-0616383	501(C)(3)	3,000				SOCIAL 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
BOYS & GIRLS CLUB OF HAMILTON 958 EAST AVENUE HAMILTON,OH 450113809	31-0616383	501(C)(3)	40,000				YOUTH DEVELOPMENT - OPERATING SUPPORT FOR JULY 1, 2015 TO JUNE 30, 2016
BOYS & GIRLS CLUB OF HAMILTON 958 EAST AVENUE HAMILTON,OH 450113809	31-0616383	501(C)(3)	5,850				GENERAL SUPPORT
BOYS & GIRLS CLUB OF HAMILTON 958 EAST AVENUE HAMILTON,OH 450113809	31-0616383	501(C)(3)	1,685				DONATION FROM LEADERSHIP HAMILTON CLASS 24

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
BUTLER COUNTY EDUCATIONAL SERVICE CENTER 400 N ERIE BLVD SUITE A HAMILTON,OH 45011	31-0852952	501(C)(3)	1,000				DONATION FOR HEAD START TO PURCHASE CAR SEATS
BUTLER COUNTY EDUCATIONAL SERVICE CENTER 400 N ERIE BLVD SUITE A HAMILTON,OH 45011	31-0852952	501(C)(3)	5,000				KINDERGARTEN READINESS CAMP
BUTLER COUNTY EDUCATIONAL SERVICE CENTER 400 N ERIE BLVD SUITE A HAMILTON,OH 45011	31-0852952	501(C)(3)	2,510				BUTLER CO SUCCESS PROGRAM

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
BUTLER COUNTY HISTORICAL SOCIETY 327 NORTH SECOND STREET HAMILTON,OH 450111651	31-6034548	501(C)(3)	106				EXPENSE REIMBURSEMENT FOR HERITAGE HALL
BUTLER COUNTY HISTORICAL SOCIETY 327 NORTH SECOND STREET HAMILTON,OH 450111651	31-6034548	501(C)(3)	1,000				GARAGE ROOF REPAIR NOT COVERED BY INSURANCE
BUTLER COUNTY HISTORICAL SOCIETY 327 NORTH SECOND STREET HAMILTON,OH 450111651	31-6034548	501(C)(3)	142				EXPENSE REIMBURSEMENT FOR IPOWER

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
BUTLER COUNTY HISTORICAL SOCIETY 327 NORTH SECOND STREET HAMILTON,OH 450111651	31-6034548	501(C)(3)	9,933				GENERAL SUPPORT
BUTLER COUNTY HISTORICAL SOCIETY 327 NORTH SECOND STREET HAMILTON,OH 450111651	31-6034548	501(C)(3)	67				PORTABLE TRIPOD PROJECTOR SCREEN
BUTLER COUNTY 315 HIGH STREET HAMILTON,OH 45011	31-0852952	115(2)	5,000				EMERGENCY COMMUNICATIONS TOWER SITE

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
BUTLER COUNTY UNITED WAY 323 NORTH THIRD STREET HAMILTON,OH 450111624	31-0734490	501(C)(3)	9,350				GENERAL SUPPORT
CAPITAL UNIVERSITY 1 COLLEGE AND MAIN COLUMBUS,OH 43209	31-4379435	501(C)(3)	13,237				GENERAL SUPPORT
CARING PARTNERS INTERNATIONAL 601 SHOTWELL DRIVE FRANKLIN,OH 45005	37-1028228	501(C)(3)	5,000				COMMUNITY CARE EXPANSION - NUTRITION DISTRIBUTION 2015

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
CARING PARTNERS INTERNATIONAL 601 SHOTWELL DRIVE FRANKLIN,OH 45005	37-1028228	501(C)(3)	500				GENERAL SUPPORT
CHRIST CHURCH OF GLENDALE 965 FOREST AVE GLENDALE,OH 45246	45-3582613	501(C)(3)	124,000				GENERAL SUPPORT
CITY OF HAMILTON ONE RENAISSANCE CENTER 345 HIGH STREET - 7TH FLOOR HAMILTON,OH 45011	31-6000142	115(2)	259				54 CASES OF BOTTLED WATER FOR CLEAN SWEEP OF MIAMI RIVER HELD 10-14-15

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
CITY OF HAMILTON FINANCE DEPARTMENT 345 HIGH STREET HAMILTON,OH 450116071	31-6000142	115(2)	17,812				2015 CLUT FOR TV HAMILTON
CITY OF HAMILTON ONE RENAISSANCE CENTER 345 HIGH STREET - 7TH FLOOR HAMILTON,OH 45011	31-6000142	115(2)	7,740				REIMBURSEMENT TO HEALTH DEPARTMENT FOR THE CLEEN INITIATIVE
CITY OF HAMILTON ONE RENAISSANCE CENTER 345 HIGH STREET - 7TH FLOOR HAMILTON,OH 45011	31-6000142	115(2)	1,310,141				GREAT MIAMI RIVER RECREATION TRAIL, PHASE2

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
CITY OF HAMILTON ONE RENAISSANCE CENTER 345 HIGH STREET - 7TH FLOOR HAMILTON,OH 45011	31-6000142	115(2)	2,810				CITY OF HAMILTON CONCERT SERIES
COLONIAL CO COMMUNITY FIRST SOLUTIONS 230 LUDLOW STREET HAMILTON,OH 45011	31-1596262	501(C)(3)	1,000				FOR COLONIAL FOUNDATION
COLONIAL CO COMMUNITY FIRST SOLUTIONS 230 LUDLOW STREET HAMILTON,OH 45011	31-1596262	501(C)(3)	100				EMPLOYEE ASSISTANCE FUND AT BERKELEY SQUARE

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
COLONIAL CO COMMUNITY FIRST SOLUTIONS 230 LUDLOW STREET HAMILTON,OH 45011	31-1596262	501(C)(3)	150				IN MEMORY OF IDA WILE
COLONIAL CO COMMUNITY FIRST SOLUTIONS 230 LUDLOW STREET HAMILTON,OH 45011	31-1596262	501(C)(3)	100				FOR THE ELLEN WEIGEL FUND
COLONIAL CO COMMUNITY FIRST SOLUTIONS 230 LUDLOW STREET HAMILTON,OH 45011	31-1596262	501(C)(3)	750				LIFE CARE FUND

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
COLONIAL CO COMMUNITY FIRST SOLUTIONS 230 LUDLOW STREET HAMILTON,OH 45011	31-1596262	501(C)(3)	3,200				SOCIAL SERVICES
COLONIAL CO COMMUNITY FIRST SOLUTIONS 230 LUDLOW STREET HAMILTON,OH 45011	31-1596262	501(C)(3)	3,500				BERKLEY PROPERTY ENHANCEMENT FUND
EMERGENCY MONEY FUND PO BOX 142 HAMILTON,OH 45012	23-7425112	501(C)(3)	9,413				GENERAL SUPPORT

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
EMERGENCY MONEY FUND PO BOX 142 HAMILTON,OH 45012	23-7425112	501(C)(3)	25,000				ALLOCATIONS FOR ST RAPHAEL
FAIRFIELD TOWNSHIP FIRE DEPARTMENT 6048 MORRIS ROAD HAMILTON,OH 45011	31-6000572	115(2)	5,000				AUTO EXTRICATION EQUIPMENT
FAMILY PROMISE OF BUTLER COUNTY PO BOX 95 HAMILTON,OH 45011	47-2155537	501(C)(3)	3,000				SOCIAL 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
FAMILY PROMISE OF BUTLER COUNTY PO BOX 95 HAMILTON,OH 45011	47-2155537	501(C)(3)	25,000				INTERFAITH HOSPITALITY NETWORK
							REPLACEMENT OF A/C, ELECTRIC PANEL REPAIRS, AND WATER HEATER
FIRST ST JOHN UNITED CHURCH OF CHRIST 140 ROSS AVENUE HAMILTON,OH 45012	31-0561492	501(C)(3)	6,942				GENERAL SUPPORT

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
FITTON CENTER FOR CREATIVE ARTS 101 S MONUMENT AVE HAMILTON,OH 450112833	31-0736673	501(C)(3)	859,521				GENERAL SUPPORT
FLYING HORSE FARMS 5260 ST ROUTE 95 MT GILEAD,OH 43338	20-3498125	501(C)(3)	25,000				EDUCATION/YOUTH
FORT HAMILTON HOSPITAL FOUNDATION 630 EATON AVENUE HAMILTON,OH 45013	45-2036966	501(C)(3)	500				SUPPORT FOR "TICKET TO HOLLYWOOD" FUNDRAISER

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
FORT HAMILTON HOSPITAL FOUNDATION 630 EATON AVENUE HAMILTON,OH 45013	45-2036966	501(C)(3)	750				GENERAL SUPPORT
FORT HAMILTON HOSPITAL FOUNDATION 630 EATON AVENUE HAMILTON,OH 45013	45-2036966	501(C)(3)	12,000				2015 TUITION ASSISTANCE FOR NURSING STUDENTS
BRIDGEPORT LEADER IN ME 2171 BRIDGEPORT AVE HAMILTON,OH 45013	31-6000818	501(C)(3)	14,734				GENERAL SUPPORT

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
GOOD SHEPHERD CATHOLIC CHURCH 2626 E SEVENTH AVENUE PARKWAY DENVER,CO 80206	84-0404921	501(C)(3)	15,000				GENERAL SUPPORT
GREAT MIAMI VALLEY YMCA 105 NORTH SECOND STREET HAMILTON,OH 450112725	31-0536719	501(C)(3)	15,953				OPERATING EXPENSES FOR BTW PRESCHOOL 11/3/14 - 5/22/15
GREAT MIAMI VALLEY YMCA 105 NORTH SECOND STREET HAMILTON,OH 450112725	31-0536719	501(C)(3)	17,200				GENERAL SUPPORT

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
GREAT MIAMI VALLEY YMCA 105 NORTH SECOND STREET HAMILTON,OH 450112725	31-0536719	501(C)(3)	1,500				HAMILTON CENTRAL YMCA Y CARE FUND
GREAT MIAMI VALLEY YMCA 105 NORTH SECOND STREET HAMILTON,OH 450112725	31-0536719	501(C)(3)	105,000				BOOKER T WASHINGTON COMMUNITY CENTER
GREENWOOD CEMETERY ASSOCIATION 1602 GREENWOOD AVENUE HAMILTON,OH 450111834	31-0303680	501(C)(13)	8,000				HISTORICAL VIDEO OF GREENWOOD CEMETERY

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
GREENWOOD CEMETERY ASSOCIATION 1602 GREENWOOD AVENUE HAMILTON,OH 450111834	31-0303680	501(C)(13)	136,795				EXPENSES FOR NEW MAUSOLEUM
HAMILTON CITY SCHOOLS 533 DAYTON STREET HAMILTON,OH 450113455	31-6000818	501(C)(3)	60,000				TV HAMILTON
HAMILTON CITY SCHOOLS 533 DAYTON STREET HAMILTON,OH 450113455	31-6000818	501(C)(3)	60				PARTICIPATION FEE FOR 2 STUDENTS IN THE YOUNG MUSICIAN'S CLUB

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
HAMILTON CITY SCHOOLS 533 DAYTON STREET HAMILTON,OH 450113455	31-6000818	501(C)(3)	9,990				START READY PRESCHOOL SCHOLARSHIP
HAMILTON CITY SCHOOLS 533 DAYTON STREET HAMILTON,OH 450113455	31-6000818	501(C)(3)	1,325				EDWARD TENDAM MEMORIAL GIFTS
HAMILTON CITY SCHOOLS 533 DAYTON STREET HAMILTON,OH 450113455	31-6000818	501(C)(3)	1,000				HAMILTON ATHLETICS - HAMILTON HIGH WOMEN'S SOCCER

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HAMILTON CITY SCHOOLS 533 DAYTON STREET HAMILTON,OH 450113455	31-6000818	501(C)(3)	4,000				DISTRICT HELP FUND
HAMILTON CITY SCHOOLS 533 DAYTON STREET HAMILTON,OH 450113455	31-6000818	501(C)(3)	2,500				H Y P E PROGRAM AT HIGHLAND ELEMENTARY
HAMILTON CITY SCHOOLS 533 DAYTON STREET HAMILTON,OH 450113455	31-6000818	501(C)(3)	1,000				BLUE STAR ACADEMIC INCENTIVE PROGRAM AT HAMILTON HIGH SCHOOL

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HAMILTON CITY SCHOOLS 533 DAYTON STREET HAMILTON,OH 450113455	31-6000818	501(C)(3)	1,000				SPHERO EDUCATION
HAMILTON CITY SCHOOLS 533 DAYTON STREET HAMILTON,OH 450113455	31-6000818	501(C)(3)	600				BROOKWOOD LEGO LEAGUE
HAMILTON CITY SCHOOLS 533 DAYTON STREET HAMILTON,OH 450113455	31-6000818	501(C)(3)	1,000				HIGH INTEREST LITERACY STATIONS

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HAMILTON CITY SCHOOLS 533 DAYTON STREET HAMILTON,OH 450113455	31-6000818	501(C)(3)	1,000				ADAPTIVE SKILLS LEARNING COHORT
HAMILTON CITY SCHOOLS 533 DAYTON STREET HAMILTON,OH 450113455	31-6000818	501(C)(3)	1,000				H2O QUALITY STUDY ENVIRONMENTAL SCIENCE STUDENTS
HAMILTON CITY SCHOOLS 533 DAYTON STREET HAMILTON,OH 450113455	31-6000818	501(C)(3)	1,500				JULY 4, 2015 PARADE PARTICIPATION BY HHS BAND

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HAMILTON CITY SCHOOLS 533 DAYTON STREET HAMILTON,OH 450113455	31-6000818	501(C)(3)	1,000				COOKING THROUGH THE CURRICULUM
HAMILTON CORE FUND 236 HIGH STREET HAMILTON,OH 45011	35-2453640	501(C)(3)	1,400,000				CORESTRATEGIC PROPERTY FUND
HAMILTON CORE FUND 236 HIGH STREET HAMILTON,OH 45011	35-2453640	501(C)(3)	444,134				RESIDENTIAL REDEVELOPMENT PROGRAM

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HAMILTON CORE FUND 236 HIGH STREET HAMILTON,OH 45011	35-2453640	501(C)(3)	100,000				GENERAL SUPPORT
HAMILTON ECONOMIC DEVELOPMENT CORP 201 DAYTON STREET HAMILTON,OH 45011	31-0955965	501(C)(3)	30,000				MAIN STREET AREA IMPROVE PROGRAM
HAMILTON PARKS CONSERVENCY 106 N 2ND HAMILTON,OH 45011	47-2630181	501(C)(3)	1,736,250				GENERAL SUPPORT

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HAMILTON PARKS CONSERVENCY 106 N 2ND HAMILTON,OH 45011	47-2630181	501(C)(3)	74,996				PLAYGROUND SYSTEM FOR WILSON POOL PARK
HAMILTON PARKS CONSERVENCY 106 N 2ND HAMILTON,OH 45011	47-2630181	501(C)(3)	64,195				TREE REMOVAL FOR 2014 CONTRACT
HAMILTON PARKS CONSERVENCY 106 N 2ND HAMILTON,OH 45011	47-2630181	501(C)(3)	6,700				EQUIPMENT

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HAMILTON CITY SCHOOLS 533 DAYTON STREET HAMILTON,OH 45011	31-6000818	501(C)(3)	5,000				GENERAL SUPPORT
HAMILTON OHIO CITY OF SCULPTURE INC PO BOX 545 ONE HIGH STREET STE 1 HAMILTON,OH 450120545	31-1744687	501(C)(3)	5,000				SLED RACE SPONSOR FOR 2015 ICEFEST
HAMILTON OHIO CITY OF SCULPTURE INC PO BOX 545 ONE HIGH STREET STE 1 HAMILTON,OH 450120545	31-1744687	501(C)(3)	300				GENERAL SUPPORT

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HAMILTON-FAIRFIELD SYMPHONY ORCHESTRA ONE HIGH STREET HAMILTON,OH 45011	31-6053052	501(C)(3)	20,395				GENERAL SUPPORT
HAMILTON-FAIRFIELD SYMPHONY ORCHESTRA ONE HIGH STREET HAMILTON,OH 45011	31-6053052	501(C)(3)	400				FINAL PAYMENT FOR ORCHESTRAL COMPOSITION IMO MELINDA UNKLESBAY
HAMILTON-FAIRFIELD SYMPHONY ORCHESTRA ONE HIGH STREET HAMILTON,OH 45011	31-6053052	501(C)(3)	12,500				2015 TILLMAN MEMORIAL CONCERT

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HAMILTON-FAIRFIELD SYMPHONY ORCHESTRA ONE HIGH STREET HAMILTON,OH 45011	31-6053052	501(C)(3)	2,400				MUSIC SCHOLARSHIP AWARDS
HAMILTON-FAIRFIELD SYMPHONY ORCHESTRA ONE HIGH STREET HAMILTON,OH 45011	31-6053052	501(C)(3)	400				ORCHESTRAL COMPOSITION IMO MELINDA UNKLESBAY
HAMILTON-FAIRFIELD SYMPHONY ORCHESTRA ONE HIGH STREET HAMILTON,OH 45011	31-6053052	501(C)(3)	500				MOZART FESTIVAL

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HEARING SPEECH & DEAF CENTER OF GREATER CINCINNATI 2825 BURNET AVENUE CINCINNATI,OH 45219	31-0536654	501(C)(3)	10,000				CHARITABLE SERVICES PROGRAM
HOPE CHURCH 4934 WESTERN ROW ROAD MASON,OH 45040	31-1313622	501(C)(3)	5,000				GENERAL SUPPORT
HOSPICE OF CINCINNATI 10500 MONTGOMERY RD CINCINNATI,OH 45242	31-0917155	501(C)(3)	23,750				GENERAL SUPPORT

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IMMANUEL LUTHERAN CHURCH 1285 MAIN STREET HAMILTON,OH 450111621	31-6007535	501(C)(3)	5,260				HAMILTON STARTREADY SCHOLARSHIPS
JOSEPHINUM ACADEMY 1501 N OAKLEY BLVD CHICAGO,IL 60622	36-2167764	501(C)(3)	5,000				GENERAL SUPPORT
LIFESPAN INC 1900 FAIRGROVE AVENUE HAMILTON,OH 450111966	31-0536660	501(C)(3)	2,237				GENERAL SUPPORT

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LIFESPAN INC 1900 FAIRGROVE AVENUE HAMILTON,OH 450111966	31-0536660	501(C)(3)	10,000				REFERREL AND FEEDBACK PROCESS FOR LIFESPAN'S PATHWAYS TO HEALTH PROPOSAL
LIFESPAN INC 1900 FAIRGROVE AVENUE HAMILTON,OH 450111966	31-0536660	501(C)(3)	9,000				LIFESPAN INC SCHOOL BASED SUPPORT SERVICES EVALUATION PLAN
MIAMI UNIVERSITY FOUNDATION 926 CHESTNUT LANE OXFORD,OH 45056	31-6026014	501(C)(3)	15,000				FREDCOTTRELL SCHOLARSHIP FUND - SCRIPPS FOUNDATION

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MIAMI UNIVERSITY FOUNDATION 926 CHESTNUT LANE OXFORD,OH 45056	31-6026014	501(C)(3)	65,000				MICHAEL J COLLIGAN HISTORY PROJECT
MIAMI UNIVERSITY FOUNDATION 926 CHESTNUT LANE OXFORD,OH 45056	31-6026014	501(C)(3)	250				CPL NICHOLAS OLIVAS VALOR AWARD
MIAMI UNIVERSITY-HAMILTON 1601 UNIVERSITY BLVD HAMILTON,OH 450113399	31-6402089	501(C)(3)	2,000				MICHAEL J COLLIGAN HISTORY PROJECT

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MIAMI UNIVERSITY-HAMILTON 1601 UNIVERSITY BLVD HAMILTON,OH 450113399	31-6402089	501(C)(3)	10,000				JUSTICE AND LAWIN SAMOA STUDY ABROAD
MIAMI UNIVERSITY-HAMILTON 1601 UNIVERSITY BLVD HAMILTON,OH 450113399	31-6402089	501(C)(3)	5,500				2015 ANNUAL TUITION ASSISTANCE
MIAMI UNIVERSITY-HAMILTON 1601 UNIVERSITY BLVD HAMILTON,OH 450113399	31-6402089	501(C)(3)	5,000				NANCY SOHNGEN COTTRELL LEADER SCHOLARSHIP

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MIAMI VALLEY BALLET THEATRE 228 COURT STREET HAMILTON,OH 45011	35-2394571	501(C)(3)	5,000				MVBT WITHOUT LIMITS A DANCE PROGRAM FOR ADULTS & CHILDREN WITH DISABILITIES
MILLVILLE AVENUE CHURCH OF GOD 1369 MILLVILLE AVE HAMILTON,OH 45013	31-0931815	501(C)(3)	5,000				READY SET GO BACKPACKS
MISERICORDIA 6300 N RIDGE AVE CHICAGO,IL 60660	36-2170153	501(C)(3)	5,000				IN MEMORY OF PHILIP DORAN

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CITY OF HAMILTON 345 HIGH STREET HAMILTON,OH 45011	31-6000142	115(2)	238,537				PROFESSIONAL DESIGN SERVICES FOR MARCUM PARK
HAMILTON CITY SCHOOLS 533 DAYTON STREET HAMILTON,OH 45011	31-6000818	501(C)(3)	13,000				GENERAL SUPPORT
NEW OAKS COMMUNITY THE FATHERS HOUSE PROGRAM 615 CRESCENT ROAD HAMILTON,OH 45013	27-2834260	501(C)(3)	20,000				RENOVATION OF FORMER BC CHILDRENS HOME INTO FATHERS HOUSE FOSTER/ADOPTIVE CARE CENTER

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OCEAN REEF ART LEAQUE 120 ANCHOR DR KEY LARGO,FL 33037	59-2059761	501(C)(3)	5,000				THE PALETTE SOCIETY
OCEAN REEF COMMUNITY FOUNDATION 200 ANCHOR DRIVE KEY LARGO,FL 33037	65-0509255	501(C)(3)	46,079				DONATION/SUPPORT FOR AUCTION ITEMS AT ANNUAL FUNDRAISING EVENT
OCEAN REEF COMMUNITY FOUNDATION 200 ANCHOR DRIVE KEY LARGO,FL 33037	65-0509255	501(C)(3)	15,000				GENERAL SUPPORT

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OCEAN REEF COMMUNITY FOUNDATION 200 ANCHOR DRIVE KEY LARGO,FL 33037	65-0509255	501(C)(3)	2,000				ANGLERS CLUB COMMUNITY FUND LAKES
OCEAN REEF CULTURAL CENTER 200 ANCHOR DRIVE KEY LARGO,FL 330375202	65-0843801	501(C)(3)	5,000				GENERAL SUPPORT
OPEN DOOR FOOD PANTRY 800 S FRONT STREET HAMILTON,OH 450113014	31-1030456	501(C)(3)	5,614				GENERAL SUPPORT

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OPEN DOOR FOOD PANTRY 800 S FRONT STREET HAMILTON,OH 450113014	31-1030456	501(C)(3)	20,000				PURCHASE OF BOX TRUCK
OPERATION PUMPKIN INC 1220 EATON AVE HAMILTON,OH 45013	45-5259705	501(C)(3)	26,000				GENERAL SUPPORT
PARACHUTE- BUTLER COUNTY CASA 284 NORTH FAIR AVE HAMILTON,OH 450114222	31-1230170	501(C)(3)	40,400				GENERAL SUPPORT

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PARACHUTE- BUTLER COUNTY CASA 284 NORTH FAIR AVE HAMILTON,OH 450114222	31-1230170	501(C)(3)	2,550				BE A CHILD'S VOICE / LET'S MAKE TODAY SPECIAL PROGRAM
PARTNERS IN PRIME 140 ROSS AVENUE HAMILTON,OH 450133340	31-0569735	501(C)(3)	250				THE FLEET TRANSPORTATION CAMPAIGN
PARTNERS IN PRIME 140 ROSS AVENUE HAMILTON,OH 450133340	31-0569735	501(C)(3)	58,127				GENERAL SUPPORT

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PARTNERS IN PRIME 140 ROSS AVENUE HAMILTON,OH 450133340	31-0569735	501(C)(3)	300				MEALS ON WHEELS
PEOPLE WORKING OOPERATIVELY INC 4612 PADDOCK ROAD CINCINNATI,OH 452291002	31-0859104	501(C)(3)	25,000				HAMILTON HOME REPAIR AND MODIFICATION PROGRAM
BUTLER COUNTY COMMUNITY HEALTH CONSORTIUM INC 210 S 2ND STREET 2ND FLOOR HAMILTON,OH 45011	31-1694200	501(C)(3)	5,027				BUTLER COUNTY WOMEN'S HEALTH INITIATIVE - DIVALICIOUS HEALTH

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PYRAMID HILL SCULPTURE PARK & MUSEUM 1763 HAMILTON-CLEVES ROAD HAMILTON,OH 450139601	31-1439692	501(C)(3)	46,000				GENERAL SUPPORT
PYRAMID HILL SCULPTURE PARK & MUSEUM 1763 HAMILTON-CLEVES ROAD HAMILTON,OH 450139601	31-1439692	501(C)(3)	1,000				PRESIDENT'S FUND
REAL LIFE CATHOLIC 6160 SOUTH SYRACUSE WAY B225 GREENWOOD VILLAGE,CO 80111	45-5489172	501(C)(3)	15,000				GENERAL SUPPORT

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CITY OF HAMILTON 345 HIGH STREET HAMILTON,OH 45011	31-6000142	115(2)	7,400				JULY 4TH FIREWORKS FOR HAMILTON'S CELEBRATION
SERVE CITY 622 EAST AVENUE HAMILTON,OH 450113743	31-1746150	501(C)(3)	5,000				GENERAL SUPPORT
SHARED HARVEST FOODBANK 5901 DIXIE HIGHWAY FAIRFIELD,OH 450144207	31-1096571	501(C)(3)	5,150				GENERAL SUPPORT

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SHARED HARVEST FOODBANK 5901 DIXIE HIGHWAY FAIRFIELD,OH 450144207	31-1096571	501(C)(3)	1,260				BACKPACK PROGRAM SUPPORT FOR 12 CHILDREN
GROUNDWATER CONSORTIUM 5140 RIVER ROAD FAIRFIELD,OH 45014	31-6000142	115(2)	1,438				RIVER CLEANUP SIGNS AND BANNERS
CITY OF HAMILTON 345 HIGH STREET HAMILTON,OH 45011	31-6000142	115(2)	4,800				BANNERS FOR CITY OF CHARACTER

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SOJOURNER RECOVERY SERVICES INC 515 DAYTON STREET HAMILTON,OH 45011	31-1070029	501(C)(3)	5,000				DONATION FOR 5K
ST CLAIR TOWNSHIP FIRE DEPARTMENT 3900 HAMILTON-TRENTON ROAD HAMILTON,OH 450115833	31-6000598	501(C)(4)	9,022				PURCHASE OF A NEW THERMAL IMAGING CAMERA
ST PETER IN CHAINS SCHOOL 451 RIDGELAWN AVENUE HAMILTON,OH 45013	31-0537055	501(C)(3)	13,198				TUITION ASSISTANCE

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TALBERT HOUSE 2600 VICTORY PARKWAY CINCINNATI,OH 452061711	31-0713350	501(C)(3)	10,000				MOVING BEYOND DEPRESSION
TEACH FOR AMERICA INC 315 W 36TH ST 8TH FLOOR NEW YORK,NY 10018	13-3541913	501(C)(3)	20,000				GENERAL SUPPORT
THE CENTER FOR FAMILY SOLUTIONS 400 N ERIE HIGHWAY SUITE C HAMILTON,OH 45011	51-0650689	501(C)(3)	30,000				CREATION OF A FAMILY JUSTICE CENTER

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THE CENTER FOR FAMILY SOLUTIONS 400 N ERIE HIGHWAY SUITE C HAMILTON,OH 45011	51-0650689	501(C)(3)	200				GENERAL SUPPORT
THE PRESBYTERIAN CHURCH 23 SOUTH FRONT STREET HAMILTON,OH 450112832	31-0576677	501(C)(3)	42,800				GENERAL SUPPORT
THE PRESBYTERIAN CHURCH 23 SOUTH FRONT STREET HAMILTON,OH 450112832	31-0576677	501(C)(3)	2,000				ELEVATOR FUND

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THE PRESBYTERIAN CHURCH 23 SOUTH FRONT STREET HAMILTON,OH 450112832	31-0576677	501(C)(3)	1,000				GRAND PRIZE FLOAT WINNER-2015 JULY 4TH PARADE
THE SALVATION ARMY P O BOX 2 235 LUDLOW STREET HAMILTON,OH 450120002	13-5562351	501(C)(3)	5,915				GENERAL SUPPORT
TRINITY EPISCOPAL CHURCH 115 N SIXTH STREET HAMILTON,OH 450113541	31-0615700	501(C)(3)	23,145				GENERAL SUPPORT

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
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME,IN 46556	35-0868188	501(C)(3)	20,000				CENTER FOR CULTURE AND ETHICS
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME,IN 46556	35-0868188	501(C)(3)	10,000				MARIAN H CISLE ENDOWMENT FOR EXCELLENCE FUND
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME,IN 46556	35-0868188	501(C)(3)	5,000				FOR THE JACQUE AND LINDA HUBER SCHOLARSHIP FUND

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
WAYNE TOWNSHIP FIRE DEPT & LIFE SQUAD 4575 MIDDLETOWN OXFORD ROAD TRENTON,OH 45067	31-1112961	501(C)(4)	5,000				PURCHASE 25 PAIR OF LEATHER TURNOUT GEAR BOOTS AND 2 TABLETS WITH COVERS
YWCA OF HAMILTON 244 DAYTON STREET HAMILTON,OH 450111634	31-0537167	501(C)(3)	2,750				GIRLS INC SUMMER PROGRAM
YWCA OF HAMILTON 244 DAYTON STREET HAMILTON,OH 450111634	31-0537167	501(C)(3)	159,479				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" 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
HAMILTON COMMUNITY FOUNDATION

Employer identification number
31-6038277

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported 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 JOHN GUIDUGLICEO	(i)	145,050	0	0	7,238	0	152,288	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION DOES NOT REIMBURSE OR ALLOW EXPENSES INCURRED BY ANY DIRECTOR, TRUSTEE, OR OFFICER

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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	Employer identification number
HAMILTON COMMUNITY FOUNDATION	31-6038277

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	TWO OF THE TRUSTEES, LEE PARRISH AND CINDY PARRISH, ARE BROTHER AND SISTER
FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 IS REVIEWED BY ALL THE MEMBERS OF THE BOARD PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AN ANNUAL DISCLOSURE STATEMENT MUST BE SIGNED THE BOARD REVIEWS NEW SITUATIONS IN LIGHT OF THE POLICIES IN THE EVENT THAT AN ORGANIZATION WITH WHICH A TRUSTEE OR COMMITTEE MEMBER OR AN IMMEDIATE FAMILY MEMBER IS AFFILIATED WITH APPLIES FOR A FOUNDATION GRANT, THE TRUSTEE OR COMMITTEE MEMBER MUST REFRAIN FROM PARTICIPATING IN ANY DISCUSSIONS OR VOTING RELATED TO THE GRANT REQUEST
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD REVIEWS THE COMPENSATION PACKAGE AND SETS GOALS FOR THE YEAR THE BOARD USES COM PARABILITY DATA AND NATIONAL SURVEYS FROM THE CURRENT YEAR THE ORGANIZATION DOES NOT COMPE NSATE OTHER OFFICERS OR KEY EMPLOYEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	INCREASE IN OF CSV OF LIFE INSURANCE -11,189

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ 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
HAMILTON COMMUNITY FOUNDATION

Employer identification number
31-6038277

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
(1) HCF PROPERTIES LLC 319 N THIRD STREET HAMILTON, OH 45011 20-3174567	PROPERTY MANAGEMENT	OH			N/A

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation