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L Year of formation	1987	M State of legal domicile	OH
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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a	(Code) (Expenses \$	1,074,098	including grants of \$	992,599	(Revenue \$)
EDUCATION					

4b	(Code) (Expenses \$	580,005	including grants of \$	535,996	(Revenue \$)
SOCIAL SERVICES					

4c	(Code) (Expenses \$	504,465	including grants of \$	466,189	(Revenue \$)
ADVANCING PHILANTHROPY					

	(Code) (Expenses \$	104,498	including grants of \$	96,567	(Revenue \$)
ARTS AND HUMANITIES					

	(Code) (Expenses \$	182,393	including grants of \$	168,554	(Revenue \$)
CONSERVATION					

	(Code) (Expenses \$	285,428	including grants of \$	263,770	(Revenue \$)
HEALTH					

	(Code) (Expenses \$	184,857	including grants of \$	170,832	(Revenue \$)
RELIGION					

	(Code) (Expenses \$	225,725	including grants of \$	208,599	(Revenue \$)
URBAN AFFAIRS					

4d	Other program services (Describe in Schedule O)				
	(Expenses \$	982,901	including grants of \$	908,322	(Revenue \$)

4e	Total program service expenses ▶	3,141,469			
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ 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.
 ►THE COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 432051405 (614) 251-4000

Part VII

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

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

☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATTHEW D WALTER CHAIRMAN/TRUSTEE	1 00	X						0	0	0
(2) NANCY KRAMER VICE CHAIRMAN/TRUSTEE	1 00	X						0	0	0
(3) C ROBERT KIDDER TRUSTEE	1 00	X						0	0	0
(4) DAVID P BLOM TRUSTEE	1 00	X						0	0	0
(5) JOSEPH A CHLAPATY TRUSTEE	1 00	X						0	0	0
(6) LISA A HINSON TRUSTEE	1 00	X						0	0	0
(7) DWIGHT E SMITH TRUSTEE	1 00	X						0	0	0
(8) MICHAEL P GLIMCHER TRUSTEE	1 00	X						0	0	0
(9) KATIE WOLFE LLOYD TRUSTEE	1 00	X						0	0	0
(10) DOUGLAS F KRIDLER PRESIDENT & CEO	1 00 50 00			X				0	369,141	103,216
(11) RAYMOND J BIDDISCOMBE CPA SENIOR V P & CFO (THRU 5 23 17)	1 00 50 00			X				0	151,023	23,755
(12) SCOTT G HEITKAMP CPA VICE PRESIDENT & CFO (FROM 5 23 17)	1 00 50 00			X				0	134,586	12,333
(13) ANGELA G PARSONS VICE PRESIDENT OF DSD	1 00 50 00			X				0	159,226	41,652
(14) LISA S COURTICE PHD EXECUTIVE VICE PRESIDENT	1 00 50 00			X				0	216,595	47,308
(15) CAROL M HARMON DIRECTOR OF COMM & MARKET	1 00 50 00			X				0	132,759	32,814
(16) TAMARA J DURRENCE DIRECTOR OF SUPPORTING FDT	1 00 50 00			X				0	135,162	36,879

[illegible]

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

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

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)	(B)	(C)
Name and business address	Description of services	Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0		

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,290,388			
	g Noncash contributions included in lines 1a-1f \$ _____	1,789,120				
	h Total. Add lines 1a-1f		3,290,388			
Program Service Revenue			Business Code			
	2a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,380,897			1,380,897
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		30			30
	6a Gross rents	(i) Real (ii) Personal				
		6,446				
	b Less rental expenses	2,607				
	c Rental income or (loss)	3,839				
	d Net rental income or (loss)		3,839			3,839
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		9,827,993 15,280				
	b Less cost or other basis and sales expenses	8,664,357 148				
	c Gain or (loss)	1,163,636 15,132				
	d Net gain or (loss)		1,178,768		1,452	1,177,316
	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 PASS THROUGH ORD LOSS	900099	-15,145		-15,137	-8	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		-15,145				
12 Total revenue. See Instructions		5,838,777	0	-13,685	2,562,074	

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.	2,903,106	2,903,106		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (non-employees):				
a Management.	331,564	146,054	105,769	79,741
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	208,449	91,822	66,495	50,132
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion.				
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a OTHER EXPENSES	1,104	487	353	264
b				
c				
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	3,444,223	3,141,469	172,617	130,137
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		3,385,244	2	5,726,553
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		23,850	4	22,800
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		51,234,233	11	53,490,475
	12	Investments—other securities. See Part IV, line 11		2,008,131	12	1,748,862
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		56,651,458	16	60,988,690	
Liabilities	17	Accounts payable and accrued expenses		939	17	0
	18	Grants payable		395,774	18	618,304
	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		396,713	26	618,304
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		56,254,745	27	60,370,386
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		56,254,745	33	60,370,386
	34	Total liabilities and net assets/fund balances		56,651,458	34	60,988,690

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,838,777
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,444,223
3	Revenue less expenses Subtract line 2 from line 1	3	2,394,554
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,254,745
5	Net unrealized gains (losses) on investments	5	1,681,959
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	39,128
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	60,370,386

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

Additional Data

Software ID:

Software Version:

EIN: 31-1197385

Name: COMMUNITY FOUNDATIONS INC

SCHEDULE A
(Form 990 or
990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATIONS INC

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

2016

**Open to Public
Inspection**

Employer identification number

31-1197385

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11** ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12** ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	2,151,588	1,897,465	913,907	559,267	1,870,289	7,392,516
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	2,151,588	1,897,465	913,907	559,267	1,870,289	7,392,516
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)						376,843
6 Public support. Subtract line 5 from line 4						7,015,673

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	2,151,588	1,897,465	913,907	559,267	1,870,289	7,392,516
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,466,316	1,527,595	1,447,584	1,436,586	1,387,268	7,265,349
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						14,657,865
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	47.860 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	47.420 %

16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 I of Schedule L (Form 990 or 990-EZ).		
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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
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 <input type="checkbox"/> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART VI, LIST OF UNUSUAL GRANTS	DESCRIPTION BEQUEST DATE 09/09/16 AMOUNT 46122 DESCRIPTION BEQUEST DATE 10/14/16 AMOUNT 1309238 DESCRIPTION BEQUEST DATE 11/04/16 AMOUNT 64740

Schedule A Form 990 of 990-EZ 2016

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493132017357	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization COMMUNITY FOUNDATIONS INC				Employer identification number 31-1197385	
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	17		132	
2	Aggregate value of contributions to (during year)	1,737,350		1,553,038	
3	Aggregate value of grants from (during year)	1,118,388		1,784,717	
4	Aggregate value at end of year	19,581,282		41,407,408	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply)					
<input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area					
<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure					
<input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1				► \$	
(ii) Assets included in Form 990, Part X				► \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1				► \$	
b Assets included in Form 990, Part X				► \$	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D Schedule D (Form 990) 2016		

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

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

Part 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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	6,840,667
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,681,959
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-693,403
e	Add lines 2a through 2d	2e	988,556
3	Subtract line 2e from line 1	3	5,852,111
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-13,334
c	Add lines 4a and 4b	4c	-13,334
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	5,838,777

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	3,278,453
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	-165,770
e	Add lines 2a through 2d	2e	-165,770
3	Subtract line 2e from line 1	3	3,444,223
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	3,444,223

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	INCOME TAXES - THE FOUNDATION IS RECOGNIZED AS EXEMPT FROM INCOME TAX UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE, AND THEREFORE, HAS MADE NO PROVISION FOR FEDERAL, STATE, OR LOCAL INCOME TAX IN THE ACCOMPANYING FINANCIAL STATEMENTS THE FOUNDATION HAS ADOPTED THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS BOA RD (ASC) RELATING TO UNCERTAIN TAX POSITIONS MANAGEMENT HAS REVIEWED ITS CURRENT AND PAST INCOME TAX POSITIONS AND HAS DETERMINED, BASED ON CLEAR AND UNAMBIGUOUS TAX LAW AND REGULATIONS, THAT THE TAX POSITIONS TAKEN ARE CERTAIN AND THAT THERE IS NO LIKELIHOOD THAT A MATERIAL TAX ASSESSMENT WOULD BE MADE IF THE RESPECTIVE GOVERNMENT AGENCY EXAMINED TAX RETURNS SUBJECT TO AUDIT ACCORDINGLY, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED THE FOUNDATION IS NO LONGER SUBJECT TO FEDERAL, STATE, OR LOCAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2013

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	ORGANIZATION ENDOWMENT FUNDS HELD FOR OTHERS -727,647 TRANSFERS FROM RELATED FOUNDATIONS 7,303 GRANT REFUNDS 26,941

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	BOOK/TAX INCOME DIFFERENCE ON PASS THROUGH INCOME -13,334

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	GRANTS RESCINDED FROM PRIOR YEAR -30,625 TRANSFERS TO RELATED FOUNDATIONS 39,075 ORGANIZATION ENDOWMENT FUNDS HELD FOR OTHERS -174,220

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DLN: 93493132017357

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

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.

Name of the organization
COMMUNITY FOUNDATIONS INC

Employer identification number
31-1197385

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to 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							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 219

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	COMMUNITY FOUNDATIONS INC ONLY MAKES GRANTS TO 501C3 ORGANIZATIONS AND REQUIRES EACH GRANTEE PROVIDE A COPY OF ITS IRS EXEMPTION LETTER IN ADDITION, THE FOUNDATION REQUIRES THAT RECIPIENT ORGANIZATIONS SUBMIT FINAL REPORTS DETAILING THE EXPENDITURE OF DISTRIBUTIONS RECEIVED FOR REVIEW BY STAFF REGARDING COMPLIANCE WITH THE TERMS OF THE COMPETITIVE GRANTS

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to 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
ALTRUSA CLUB OF CHILLICOTHE OHIO FOUND 104 WILLIAM DRIVE CHILLICOTHE, OH 45601	31-1366831	501C3	7,000				SOCIAL SERVICES
ALZHEIMERS DISEASE AND RELATED DISORDERS 1379 DUBLIN ROAD COLUMBUS, OH 432151089	31-0996236	501C3	1,000				HEALTH
ALZHEIMERS DISEASE AND RELATED DISORDERS 1379 DUBLIN ROAD COLUMBUS, OH 432151089	31-0996236	501C3	2,000				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COUNCIL OF THE BLIND OF OHIO C/O 601 RICHARDS ROAD COLUMBUS, OH 43214	31-0989045	501C3	30,000				HEALTH
AMERICAN COUNCIL OF THE BLIND OHIO 3805 NORTH HIGH STREET SUITE 305 COLUMBUS, OH 43214	31-0989044	501C3	30,000				SOCIAL SERVICES
AMERICAN COUNCIL OF THE BLIND OHIO 3805 NORTH HIGH STREET SUITE 305 COLUMBUS, OH 43214	31-0989044	501C3	30,000				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
AMERICAN HEART ASSOCIATION 5455 NORTH HIGH STREET COLUMBUS, OH 43214	13-5613797	501C3	3,000				HEALTH
AMERICAN RED CROSS CENTRAL - SOUTHEAST 995 EAST BROAD STREET COLUMBUS, OH 432051339	53-0196605	501C3	50,000				HEALTH
AMETHYST INC 455 EAST MOUND STREET COLUMBUS, OH 432155595	31-1092242	501C3	1,000				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALACHIAN OHIO FOUNDATION 35 PUBLIC SQUARE PO BOX 456 NELSONVILLE, OH 45764	31-1620483	501C3	1,500				ADVANCING PHILANTHROPY
APPALACHIAN OHIO FOUNDATION 35 PUBLIC SQUARE PO BOX 456 NELSONVILLE, OH 45764	31-1620483	501C3	3,500				ADVANCING PHILANTHROPY
ART INSTITUTE OF CINCINNATI - COLLEGE OF 1171 EAST KEMPER ROAD CINCINNATI, OH 45246	31-0891296	501C3	500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASBURY COLLEGE DBA ASBURY UNIVERSITY ATTN FINANCIAL AID ONE MACKLEM DRIVE WILMORE, KY 40390	61-0458355	501C3	1,000				EDUCATION
ASHLAND UNIVERSITY BUSINESS OFFICE 401 COLLEGE AVENUE ASHLAND, OH 44805	34-0714626	501C3	1,000				EDUCATION
ASHLAND UNIVERSITY ATTN STUDENT ACCOUNTS 401 COLLEGE AVENUE ASHLAND, OH 44805	34-0714626	501C3	1,800				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHLAND UNIVERSITY ATTN STUDENT ACCOUNTS 401 COLLEGE AVENUE ASHLAND, OH 44805	34-0714626	501C3	4,000				EDUCATION
ASHLAND UNIVERSITY BUSINESS OFFICE 401 COLLEGE AVENUE ASHLAND, OH 44805	34-0714626	501C3	4,000				EDUCATION
ASSISTANCE HOUSE 11 WEST 5TH STREET CHILLICOTHE, OH 45601	31-4379621	501C3	3,500				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
ASSISTANCE HOUSE 11 WEST 5TH STREET CHILLICOTHE, OH 45601	31-4379621	501C3	20,000				SOCIAL SERVICES
ASSOCIATION OF FRATERNAL LEADERSHIP PO BOX 1576 FORT COLLINS, CO 805221576	34-1348463	501C3	1,890				EDUCATION
ATHENS FOUNDATION 20 SOUTH COURT STREET PO BOX 366 ATHENS, OH 45701	31-1040215	501C3	10,000				ADVANCING PHILANTHROPY

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
ATHENS ROTARY FOUNDATION 35 NORTH COLLEGE STREET ATHENS, OH 45701	31-1600581	501C3	2,500				ADVANCING PHILANTHROPY
ATM EDUCATION DBA RELATIONSHIPS UNDER PO BOX 323 SUNBURY, OH 43074	14-1859397	501C3	100,000				EDUCATION
ATTRACT TOURISM FOUNDATION INC 325 W MAIN STREET CIRCLEVILLE, OH 43113	75-3214525	501C3	2,000				URBAN AFFAIRS

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
BEREA COLLEGE STUDENT FINANCIAL AID SERVICES CPO 2172 BEREA, KY 40403	61-0444650	501C3	1,000				EDUCATION
BERGER HEALTH FOUNDATION 1280 NORTH COURT STREET CIRCLEVILLE, OH 431131499	33-1031454	501C3	500				HEALTH
BERGER HEALTH FOUNDATION 1280 NORTH COURT STREET CIRCLEVILLE, OH 431131499	33-1031454	501C3	775				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERGER HEALTH FOUNDATION 1280 NORTH COURT STREET CIRCLEVILLE, OH 431131499	33-1031454	501C3	1,000				HEALTH
BERGER HEALTH FOUNDATION 1280 NORTH COURT STREET CIRCLEVILLE, OH 431131499	33-1031454	501C3	5,225				HEALTH
BERGER HEALTH FOUNDATION 600 NORTH PICKAWAY STREET CIRCLEVILLE, OH 431131499	33-1031454	501C3	15,094				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY HOUSE PO BOX 99782 PITTSBURGH, PA 15233	20-1424418	501C3	1,000				SOCIAL SERVICES
BETHANY SCHOOL 555 ALBION AVENUE CINCINNATI, OH 45246	31-0550834	501C3	1,000				EDUCATION
BETHANY SCHOOL 555 ALBION AVENUE CINCINNATI, OH 45246	31-0550834	501C3	7,500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHESDA HOSPITAL FOUNDATION 2815 SOUTH SEACREST BOULEVARD BOYNTON BEACH, FL 33435	59-6137805	501C3	1,000				HEALTH
BIG BROTHERS BIG SISTERS OF CENTRAL OHIO 1855 E DUBLIN-GRANVILLE ROAD 1ST FLOOR COLUMBUS, OH 432293516	31-4379429	501C3	1,000				SOCIAL SERVICES
BIG BROTHERS BIG SISTERS OF CENTRAL OHIO 1855 E DUBLIN-GRANVILLE ROAD 1ST FLOOR COLUMBUS, OH 43229	31-4379429	501C3	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
BLACK HILLS STATE UNIVERSITY 1200 UNIVERSITY ST UNIT 9670 SPEARFISH, SD 577999670	46-6000364	501C3	40,000				EDUCATION
BLUFFTON UNIVERSITY 1 UNIVERSITY DRIVE BLUFFTON, OH 45817	34-4428207	501C3	1,800				EDUCATION
BOWLING GREEN STATE UNIVERSITY 132 ADMINISTRATION BUILDING 1001 EAST WOOSTER STREET - BURSAR OFFICE BOWLING GREEN, OH 434030100	34-6402018	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOWLING GREEN STATE UNIVERSITY 132 ADMINISTRATION BUILDING 1001 EAST WOOSTER STREET - BURSAR OFFICE BOWLING GREEN, OH 434030100	34-6402018	501C3	1,000				EDUCATION
BOWLING GREEN STATE UNIVERSITY 132 ADMINISTRATION BUILDING 1001 EAST WOOSTER STREET - BURSAR OFFICE BOWLING GREEN, OH 434030100	34-6402018	501C3	1,500				EDUCATION
BOWLING GREEN STATE UNIVERSITY 132 ADMINISTRATION BUILDING 1001 EAST WOOSTER STREET - BURSAR OFFICE BOWLING GREEN, OH 434030100	34-6402018	501C3	3,500				EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF HAMILTON INC 958 EAST AVENUE HAMILTON, OH 45011	31-0616383	501C3	5,000				SOCIAL SERVICES
BRIAN MUHA MEMORIAL FOUNDATION 874 HELENHURST COURT WESTERVILLE, OH 43081	34-1920357	501C3	100,000				SOCIAL SERVICES
BRIGHAM YOUNG UNIVERSITY A-41 ASB PROVO, UT 846021128	87-0217280	501C3	2,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHTWOOD CIVIC GROUP 3127 BRIGHTON ROAD PITTSBURGH, PA 15212	25-1671554	501C3	3,000				SOCIAL SERVICES
BRYANT BEANS BUTT INC PO BOX 6351 CHILLICOTHE, OH 45601	31-1739773	501C3	3,000				SOCIAL SERVICES
BUCKEYE RANCH FOUNDATION INC 5665 HOOVER ROAD GROVE CITY, OH 43123	31-1593013	501C3	5,000				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
CAMBRIDGE AREA YMCA 1301 CLAIRMONT AVENUE CAMBRIDGE, OH 437251613	31-4390528	501C3	2,936				SOCIAL SERVICES
CAMBRIDGE BAND INC C/O ROBERT BAIRD 64346 ARROWHEAD ROAD CAMBRIDGE, OH 43725	31-1252117	501C3	2,000				ARTS AND HUMANITIES
CAMBRIDGE SALVATION ARMY 221 DEWEY AVENUE PO BOX 254 CAMBRIDGE, OH 43725	13-5562351	501C3	164				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST INC DBA CRU 100 LAKE HART DRIVE ORLANDO, FL 32832	95-6006173	501C3	1,000				RELIGION
CAMPUS CRUSADE FOR CHRIST INC DBA CRU 100 LAKE HART DRIVE ORLANDO, FL 32832	95-6006173	501C3	5,000				RELIGION
CANINE COMPANIONS FOR INDEPENDENCE 4989 STATE ROUTE 37 EAST DELAWARE, OH 43015	94-2494324	501C3	2,500				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
CAPITAL UNIVERSITY FINANCIAL AID OFFICE ONE COLLEGE AND MAIN COLUMBUS, OH 43209	31-4379435	501C3	1,000				EDUCATION
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS, OH 43215	31-1222851	501C3	131				URBAN AFFAIRS
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS, OH 43215	31-1222851	501C3	131				URBAN AFFAIRS

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
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS, OH 43215	31-1222851	501C3	131				URBAN AFFAIRS
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS, OH 43215	31-1222851	501C3	177				URBAN AFFAIRS
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS, OH 43215	31-1222851	501C3	177				URBAN AFFAIRS

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
CAPITOL SQUARE RENOVATION FOUNDATION INC THE STATEHOUSE ROOM 16 COLUMBUS, OH 43215	31-1222851	501C3	177				URBAN AFFAIRS
CASE WESTERN RESERVE UNIVERSITY ATTN REGINA SHARP FINANCIAL AID OFFICE 10900 EUCLID AVENUE YOST HAL CLEVELAND, OH 441067049	34-1018992	501C3	1,000				EDUCATION
CASE WESTERN RESERVE UNIVERSITY 417A YOST HALL 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C3	1,500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501C3	2,500				SOCIAL SERVICES
CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501C3	3,500				SOCIAL SERVICES
CEDARVILLE UNIVERSITY FINANCIAL AID OFFICE 251 NORTH MAIN STREET CEDARVILLE, OH 45314	31-0536647	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER OF SCIENCE AND INDUSTRY 333 WEST BROAD STREET COLUMBUS, OH 43215	31-4383802	501C3	2,000				ARTS AND HUMANITIES
CENTRAL OHIO TECHNICAL COLLEGE FEES AND DEPOSITS 1179 UNIVERSITY DRIVE NEWARK, OH 43055	31-0802020	501C3	1,500				EDUCATION
CENTRAL OHIO TECHNICAL COLLEGE FEES AND DEPOSITS 1179 UNIVERSITY DRIVE NEWARK, OH 43055	31-0802020	501C3	4,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD PROTECTION CENTER OF ROSS COUNTY 138 MARIETTA ROAD STE E CHILLICOTHE, OH 456019494	31-1579825	501C3	2,500				SOCIAL SERVICES
CHILLICOTHE CAVALIER CLUB 326 FAIRWAY AVENUE CHILLICOTHE, OH 45601	31-1324783	501C3	10,000				SOCIAL SERVICES
CHILLICOTHE CIVIC THEATRE INC PO BOX 356 CHILLICOTHE, OH 45601	31-1266119	501C3	3,500				ARTS AND HUMANITIES

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
CHRISTIAN COUNSELING CENTER C/O FIRST LUTHERAN CHURCH 300 MELMORE STREET TIFFIN, OH 44883	20-8421520	501C3	500				HEALTH
CINCINNATI BOYCHOIR INC 650 WALNUT STREET CINCINNATI, OH 45202	31-1383061	501C3	500				ARTS AND HUMANITIES
CIRCLEVILLE CITY SCHOOLS FOUNDATION 388 CLARK DRIVE CIRCLEVILLE, OH 43113	26-0513139	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIRCLEVILLE CITY SCHOOLS FOUNDATION 388 CLARK DRIVE CIRCLEVILLE, OH 43113	26-0513139	501C3	2,500				EDUCATION
CIRCLEVILLE CITY SCHOOLS FOUNDATION 388 CLARK DRIVE CIRCLEVILLE, OH 43113	26-0513139	501C3	4,000				EDUCATION
CIRCLEVILLE CITY SCHOOLS FOUNDATION 388 CLARK DRIVE CIRCLEVILLE, OH 43113	26-0513139	501C3	8,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIRCLEVILLE PICKAWAY COMMUNITY IMPRO PO BOX 506 CIRCLEVILLE, OH 43113	31-1195864	501C3	4,349				URBAN AFFAIRS
COAST GUARD FOUNDATION 394 TAUGWONK ROAD STONINGTON, CT 06378	04-2899862	501C3	500				URBAN AFFAIRS
COAST GUARD FOUNDATION 394 TAUGWONK ROAD STONINGTON, CT 06378	04-2899862	501C3	1,000				URBAN AFFAIRS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 43205	31-6044264	501C3	1,000				ADVANCING PHILANTHROPY
COLUMBUS METROPOLITAN LIBRARY 96 SOUTH GRANT AVENUE COLUMBUS, OH 432154781	31-6401170	501C3	500				EDUCATION
COLUMBUS METROPOLITAN LIBRARY 96 SOUTH GRANT AVENUE COLUMBUS, OH 432154781	31-6401170	501C3	3,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS MUSEUM OF ART 480 EAST BROAD STREET COLUMBUS, OH 432153886	31-4379447	501C3	2,000				ARTS AND HUMANITIES
COLUMBUS STATE COMMUNITY COLLEGE 550 EAST SPRING STREET COLUMBUS, OH 43215	31-0729591	501C3	1,000				EDUCATION
COLUMBUS STATE COMMUNITY COLLEGE 550 EAST SPRING STREET COLUMBUS, OH 43215	31-0729591	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS STATE COMMUNITY COLLEGE 550 EAST SPRING STREET COLUMBUS, OH 43215	31-0729591	501C3	1,000				EDUCATION
COMMUNITY ACTION COMMISSION OF BELMONT 153 1/2 WEST MAIN STREET ST CLAIRSVILLE, OH 43950	34-0967230	501C3	34,000				URBAN AFFAIRS
COMMUNITY ACTION COMMISSION OF BELMONT 153 1/2 WEST MAIN STREET ST CLAIRSVILLE, OH 43950	34-0967230	501C3	50,000				URBAN AFFAIRS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION ORGANIZATION OF SCIOTO 433 THIRD STREET PORTSMOUTH, OH 45662	31-0718622	501C3	1,500				URBAN AFFAIRS
COMMUNITY ACTION SOUTHWEST 150 WEST BEAU STREET SUITE 304 WASHINGTON, PA 15301	25-1153028	501C3	2,500				SOCIAL SERVICES
COMMUNITY OF FRANCISCAN SISTERS OF THE R C/O CONVENT OF SAN DAMIANO 1661 HAIGHT AVENUE BRONX, NY 10461	34-9644568	501C3	5,000				RELIGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY RECREATIONAL COUNCIL OF PO BOX 2017 CHILLICOTHE, OH 45601	31-4386181	501C3	20,000				URBAN AFFAIRS
CONCORD PRESBYTERIAN CHURCH C/O 45239 HART ROAD BELMONT, OH 43718	34-1033585	501C3	1,450				RELIGION
CORPUS CHRISTI CATHOLIC CHURCH 1516 WARWOOD AVENUE WHEELING, WV 260037197	55-0363849	501C3	1,450				RELIGION

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

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DENISON UNIVERSITY STUDENT ACCOUNTS PO BOX 810 GRANVILLE, OH 43023	31-4379459	501C3	500				EDUCATION
DENISON UNIVERSITY FINANCIAL AID OFFICE PO BOX 810 GRANVILLE, OH 43023	31-4379459	501C3	4,000				EDUCATION
EAST BUTLER YMCA 6645 MORRIS ROAD HAMILTON, OH 45011	31-0536719	501C3	1,000				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
EAST LIBERTY DEVELOPMENT 100 NORTH SHERIDAN AVENUE FOURTH FLOOR PITTSBURGH, PA 15206	25-1370668	501C3	5,000				SOCIAL SERVICES
EASTER SEALS CENTRAL AND SOUTHEAST 3830 TRUEMAN COURT HILLIARD, OH 43026	31-4379471	501C3	5,000				SOCIAL SERVICES
EASTER SEALS CENTRAL AND SOUTHEAST 3830 TRUEMAN COURT HILLIARD, OH 43026	31-4379471	501C3	5,000				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
EASTER SEALS CENTRAL AND SOUTHEAST 3830 TRUEMAN COURT HILLIARD, OH 43026	31-4379471	501C3	10,140				SOCIAL SERVICES
EASTERN MICHIGAN UNIVERSITY ATTN FINANCIAL AID OFFICE 403 PIERCE HALL YPSILANTI, MI 48197	38-6005986	501C3	500				EDUCATION
EASTERN MICHIGAN UNIVERSITY ATTN FINANCIAL AID OFFICE 403 PIERCE HALL YPSILANTI, MI 48197	38-6005986	501C3	2,750				EDUCATION

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(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
ECKERD COLLEGE ATTN BURSARS OFFICE 4200 54TH AVENUE SOUTH ST PETERSBURG, FL 33711	59-0859121	501C3	2,750				EDUCATION
ECONOMIC AND COMMUNITY DEVELOPMENT 1655 OLD LEONARD AVENUE COLUMBUS, OH 43219	31-1145544	501C3	50,000				URBAN AFFAIRS
EMERGENCY CLEARINGHOUSE ASSOCIATION PO BOX 1011 CIRCLEVILLE, OH 43113	31-1329300	501C3	2,500				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
ESPERANZA THREADS 1370 WEST 69TH STREET CLEVELAND, OH 44102	34-1921602	501C3	2,500				SOCIAL SERVICES
ESTERO UNITED METHODIST CHURCH 8088 LORDS WAY ESTERO, FL 33928	59-1779178	501C3	90,000				RELIGION
FELLOWSHIP OF CHRISTIAN ATHLETES 565 METRO PLACE SOUTH SUITE 3040 DUBLIN, OH 43017	44-0610626	501C3	5,000				RELIGION

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
FIRST COMMUNITY FOUNDATION INC 1320 CAMBRIDGE BOULEVARD COLUMBUS, OH 43212	31-6027662	501C3	500				SOCIAL SERVICES
FIRST COMMUNITY FOUNDATION INC 1320 CAMBRIDGE BOULEVARD COLUMBUS, OH 43212	31-6027662	501C3	750				SOCIAL SERVICES
FIRST COMMUNITY FOUNDATION INC 1320 CAMBRIDGE BOULEVARD COLUMBUS, OH 43212	31-6027662	501C3	2,000				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
FOOD FOR THE POOR INC 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501C3	2,500				SOCIAL SERVICES
FOOD FOR THE POOR INC 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501C3	3,500				SOCIAL SERVICES
FRANKLIN PARK CONSERVATORY JOINT REC 1777 EAST BROAD STREET COLUMBUS, OH 432032040	31-1364884	501C3	1,000				CONSERVATION

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
FRANKLIN PARK CONSERVATORY JOINT REC 1777 EAST BROAD STREET COLUMBUS, OH 432032040	31-1364884	501C3	2,000				CONSERVATION
GENEVA COLLEGE BUSINESS OFFICE 3200 COLLEGE AVENUE BEAVER FALLS, PA 15010	25-0965376	501C3	1,000				EDUCATION
GIRL SCOUTS OF OHIOS HEARTLAND COUNCIL 1700 WATERMARK DRIVE COLUMBUS, OH 432151097	31-4379475	501C3	321				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
GIRL SCOUTS OF OHIOS HEARTLAND COUNCIL 1700 WATERMARK DRIVE COLUMBUS, OH 432151097	31-4379475	501C3	427				SOCIAL SERVICES
GIRL SCOUTS OF OHIOS HEARTLAND COUNCIL 1700 WATERMARK DRIVE COLUMBUS, OH 432151097	31-4379475	501C3	2,018				SOCIAL SERVICES
GIRL SCOUTS OF OHIOS HEARTLAND COUNCIL 1700 WATERMARK DRIVE COLUMBUS, OH 432151097	31-4379475	501C3	2,729				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
GOSHEN COLLEGE ATTN FINANCIAL AID 1700 SOUTH MAIN STREET GOSHEN, IN 46526	35-2158366	501C3	1,000				EDUCATION
HAMILTON COMMUNITY FOUNDATION OH 319 NORTH THIRD STREET HAMILTON, OH 45011	31-6038277	501C3	100				ADVANCING PHILANTHROPY
HAMILTON COMMUNITY FOUNDATION OH 319 NORTH THIRD STREET HAMILTON, OH 45011	31-6038277	501C3	20,000				ADVANCING PHILANTHROPY

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
HAVEN HOUSE OF PICKAWAY COUNTY INC 1180 NORTH COURT STREET SUITE G CIRCLEVILLE, OH 43113	31-1367577	501C3	1,000				SOCIAL SERVICES
HAVEN HOUSE OF PICKAWAY COUNTY INC 1180 NORTH COURT STREET SUITE G CIRCLEVILLE, OH 43113	31-1367577	501C3	3,000				SOCIAL SERVICES
HAVEN HOUSE OF PICKAWAY COUNTY INC 1180 NORTH COURT STREET SUITE G CIRCLEVILLE, OH 43113	31-1367577	501C3	5,000				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
HEIDELBERG UNIVERSITY ATTN FINANCIAL AID 310 EAST MARKET STREET TIFFIN, OH 44883	34-4428219	501C3	1,000				EDUCATION
HEIDELBERG UNIVERSITY ATTN FINANCIAL AID 310 EAST MARKET STREET TIFFIN, OH 44883	34-4428219	501C3	1,750				EDUCATION
HIGHLANDS NATURE SANCTUARY 7660 CAVE ROAD BAINBRIDGE, OH 456129501	31-1434730	501C3	150,000				CONSERVATION

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
HOCKING COLLEGE ATTN FINANCIAL AID 3301 HOCKING PARKWAY NELSONVILLE, OH 45764	31-0794924	501C3	1,000				EDUCATION
HOCKING COLLEGE ATTN FINANCIAL AID 3301 HOCKING PARKWAY NELSONVILLE, OH 45764	31-0794924	501C3	1,000				EDUCATION
HOCKING COLLEGE ATTN FINANCIAL AID 3301 HOCKING PARKWAY NELSONVILLE, OH 45764	31-0794924	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOCKING COLLEGE ATTN FINANCIAL AID 3301 HOCKING PARKWAY NELSONVILLE, OH 45764	31-0794924	501C3	1,500				EDUCATION
HUNTSMEN ARCHERY 5010 STATE ROUTE 772 CHILLICOTHE, OH 45601	47-3496461	501C3	2,000				URBAN AFFAIRS
JACKSON CITY LIBRARY 21 BROADWAY STREET JACKSON, OH 45640	31-6401657	501C3	4,200				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON CITY SCHOOLS CENTRAL OFFICE 450 VAUGHN STREET JACKSON, OH 456401692	31-6400579	501C3	5,000				EDUCATION
JACKSON COUNTY BOARD ON AGING INC 25 EAST MOUND STREET JACKSON, OH 45640	31-0831594	501C3	2,900				SOCIAL SERVICES
JACKSON COUNTY HEALTH DEPARTMENT BJ ALLISON HEALTH CENTER 200 EAST MAIN STREET JACKSON, OH 456401716	31-6400071	501C3	3,500				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
JACKSON COUNTY HOMELESSNESS COMMITTEE PO BOX 734 JACKSON, OH 45640	46-4774875	501C3	6,000				SOCIAL SERVICES
JACKSON HISTORICAL SOCIETY PO BOX 475 JACKSON, OH 45640	31-1794816	501C3	1,000				ARTS AND HUMANITIES
JACKSON-VINTON COMMUNITY ACTION INC 118 SOUTH NEW YORK AVENUE WELLSTON, OH 45692	31-0716914	501C3	4,500				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JH RANCH INTERNATIONAL 402 OFFICE PARK DRIVE SUITE 310 BIRMINGHAM, AL 35223	26-2267654	501C3	1,000				SOCIAL SERVICES
JUNIOR ACHIEVEMENT OF CENTRAL OHIO INC 68 EAST SECOND AVENUE COLUMBUS, OH 43201	31-4385042	501C3	100,000				EDUCATION
JUNIOR ACHIEVEMENT OF NORTHWESTERN 2239 CHEYENNE BLVD TOLEDO, OH 43614	34-4430363	501C3	1,200				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF SWPA 5001 CENTRE AVENUE PITTSBURGH, PA 15213	25-0983059	501C3	5,000				SOCIAL SERVICES
JUVENILE DIABETES RESEARCH SOUTHWEST OH 70 BIRCH VALLEY SUITE 240 BEAVERCREEK, OH 45440	23-1907729	501C3	5,000				HEALTH
KENT STATE UNIVERSITY ATTN CASHIER - BURSARS OFFICE PO BOX 5190 KENT, OH 44242	31-6402079	501C3	1,800				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWRENCEVILLE CORP 100 43RD SUITE 106 PITSSBURGH, PA 15201	25-1471440	501C3	3,000				SOCIAL SERVICES
LEAGUE OF WOMEN VOTERS OF OHIO EDUCATION 17 SOUTH HIGH STREET SUITE 650 COLUMBUS, OH 43215	31-1050638	501C3	1,024				URBAN AFFAIRS
LEAGUE OF WOMEN VOTERS OF OHIO EDUCATION 17 SOUTH HIGH STREET SUITE 650 COLUMBUS, OH 43215	31-1050638	501C3	1,280				URBAN AFFAIRS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LIBERTY UNIVERSITY CASHIERS OFFICE PO BOX 10425 LYNCHBURG, VA 24506	54-0946734	501C3	2,000				EDUCATION
LIFE ESSENTIALS 40 SOUTH PERRY ST 130 DAYTON, OH 45402	31-1324922	501C3	500				HEALTH
LOGAN ELM EDUCATION FOUNDATION 9579 TARLTON ROAD CIRCLEVILLE, OH 43113	27-0619403	501C3	2,185				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LOURDES UNIVERSITY STUDENT ACCOUNTS 6832 CONVENT BOULEVARD SYLVANIA, OH 43560	34-1226547	501C3	3,500				EDUCATION
LOWER LIGHTS CHRISTIAN HEALTH CENTER 1160 WEST BROAD STREET COLUMBUS, OH 43222	31-1810355	501C3	100,000				HEALTH
LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 500 WEST WILSON BRIDGE ROAD SUITE 245 WORTHINGTON, OH 43085	31-4412586	501C3	1,250				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 500 WEST WILSON BRIDGE ROAD SUITE 245 WORTHINGTON, OH 43085	31-4412586	501C3	1,500				SOCIAL SERVICES
MALONE UNIVERSITY FINANCIAL AID OFFICE 2600 CLEVELAND AVENUE NW CANTON, OH 44709	34-0737794	501C3	500				EDUCATION
MALONE UNIVERSITY FINANCIAL AID OFFICE 2600 CLEVELAND AVENUE NW CANTON, OH 44709	34-0737794	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MASON SCHOLARSHIP FOUNDATION PO BOX 392 MASON, OH 45040	31-1255773	501C3	1,000				SOCIAL SERVICES
MASSACHUSETTS INSTITUTE OF TECHNOLOGY STUDENT FINANCIAL SERVICES ROOM 11-120 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	04-2103594	501C3	6,000				EDUCATION
MASSACHUSETTS INSTITUTE OF TECHNOLOGY STUDENT FINANCIAL SERVICES ROOM 11-120 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	04-2103594	501C3	12,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MENNONITE FOUNDATION INC PO BOX 483 GOSHEN, IN 46527	35-6031936	501C3	20,000				RELIGION
MIAMI UNIVERSITY OFFICE OF THE BURSAR 301 SOUTH CAMPUS AVENUE ROOM 123 OXFORD, OH 450563439	31-6402089	501C3	500				EDUCATION
MIAMI UNIVERSITY OFFICE OF THE BURSAR 301 SOUTH CAMPUS AVENUE ROOM 123 OXFORD, OH 450563439	31-6402089	501C3	1,500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI UNIVERSITY OFFICE OF THE BURSAR 301 SOUTH CAMPUS AVENUE ROOM 123 OXFORD, OH 450563439	31-6402089	501C3	4,000				EDUCATION
MICHIGAN STATE UNIVERSITY STUDENT SERVICES BUILDING ROOM 252 556 EAST CIRCLE DRIVE EAST LANSING, MI 48823	38-6005984	501C3	1,000				EDUCATION
MID OHIO FOODBANK 3960 BROOKHAM DRIVE GROVE CITY, OH 43123	31-0865343	501C3	1,000				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MID OHIO FOODBANK 3960 BROOKHAM DRIVE GROVE CITY, OH 43123	31-0865343	501C3	1,500				SOCIAL SERVICES
MIDWEST CENTER FOR HOME HOSPICE AND 2233 NORTH BANK DRIVE COLUMBUS, OH 43220	31-0966673	501C3	4,587				HEALTH
MIDWEST CENTER FOR HOME HOSPICE AND 2233 NORTH BANK DRIVE COLUMBUS, OH 43220	31-0966673	501C3	5,463				HEALTH

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MOMENTUM EXCELLENCE INC 107 SOUTH HIGH STREET SUITE 200 COLUMBUS, OH 43215	46-4509725	501C3	5,000				ARTS AND HUMANITIES
MOMENTUM EXCELLENCE INC 107 SOUTH HIGH STREET SUITE 200 COLUMBUS, OH 43215	46-4509725	501C3	10,000				ARTS AND HUMANITIES
MOREHEAD STATE UNIVERSITY FINANCIAL AID 100 ADMISSIONS CENTER MOREHEAD, KY 40351	61-1014029	501C3	500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORTAR BOARD NATIONAL FOUNDATION 1200 CHAMBERS ROAD SUITE 201 COLUMBUS, OH 43212	35-6043585	501C3	2,440				EDUCATION
MORTAR BOARD NATIONAL FOUNDATION 1200 CHAMBERS ROAD SUITE 201 COLUMBUS, OH 43212	35-6043585	501C3	5,000				EDUCATION
MOTION PICTURE AND TELEVISION FUND THE WASSERMAN CAMPUS 23388 MULHOLLAND DRIVE WOODLAND HILLS, CA 91364	95-1652916	501C3	500				ARTS AND HUMANITIES

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
MOTTS MILITARY MUSEUM INC 5075 SOUTH HAMILTON ROAD GROVEPORT, OH 431259336	31-1225950	501C3	1,000				ARTS AND HUMANITIES
MOUNT CARMEL COLLEGE OF NURSING FINANCIAL AID OFFICE 127 SOUTH DAVIS AVENUE COLUMBUS, OH 43222	31-1308555	501C3	15,000				EDUCATION
MOUNT CARMEL HEALTH SYSTEM FDN 6150 EAST BROAD STREET COLUMBUS, OH 43213	31-1113966	501C3	1,450				HEALTH

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MOUNT VERNON NAZARENE UNIVERSITY FINANCIAL AID OFFICE 800 MARTINSBUR ROAD MOUNT VERNON, OH 43050	31-0725957	501C3	3,500				EDUCATION
MUSKINGUM UNIVERSITY STUDENT FINANCIAL SERVICES 163 STORMONT NEW CONCORD, OH 43762	31-4379515	501C3	800				EDUCATION
NATIONAL CHURCH RESIDENCES 2335 NORTH BANK DRIVE COLUMBUS, OH 432205499	31-0651750	501C3	5,000				SOCIAL SERVICES

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(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
NEIGHBORHOOD HOUSING OF GREATER SPRING 527 EAST HOME ROAD SPRINGFIELD, OH 45503	31-1385444	501C3	5,000				SOCIAL SERVICES
NORTHSIDE COMMUNITY DEVELOPMENT FUND 922 MIDDLE STREET PITTSBURGH, PA 15212	25-1855490	501C3	3,500				SOCIAL SERVICES
NORTHWEST UNITED METHODIST CHURCH 5200 RIVERSIDE DRIVE COLUMBUS, OH 43220	31-0824072	501C3	1,500				RELIGION

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
NORTHWEST UNITED METHODIST CHURCH 5200 RIVERSIDE DRIVE COLUMBUS, OH 43220	31-0824072	501C3	3,000				RELIGION
OAK HILL UNION LOCAL SCHOOL DISTRICT 205 WESTERN AVENUE OAK HILL, OH 45656	31-0731712	501C3	5,000				EDUCATION
OHIO CHRISTIAN UNIVERSITY ATTN FINANCIAL AID 1476 LANCASTER PIKE CIRCLEVILLE, OH 43113	31-0971599	501C3	3,437				EDUCATION

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OHIO CHRISTIAN UNIVERSITY 1476 LANCASTER PIKE CIRCLEVILLE, OH 43113	31-0971599	501C3	7,000				EDUCATION
OHIO DOMINICAN UNIVERSITY BUSINESS OFFICE 1216 SUNBURY ROAD COLUMBUS, OH 432192099	31-4379560	501C3	500				EDUCATION
OHIO HISTORIC BRIDGE ASSOCIATION 726 NEWARK-GRANVILLE ROAD GRANVILLE, OH 430231451	31-1077213	501C3	375				CONSERVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OHIO HISTORIC BRIDGE ASSOCIATION 726 NEWARK-GRANVILLE ROAD GRANVILLE, OH 430231451	31-1077213	501C3	550				CONSERVATION
OHIO HISTORIC BRIDGE ASSOCIATION 726 NEWARK-GRANVILLE ROAD GRANVILLE, OH 430231451	31-1077213	501C3	550				CONSERVATION
OHIO NORTHERN UNIVERSITY OFFICE OF FINANCIAL AID 525 SOUTH MAIN STREET ADA, OH 45810	34-4429091	501C3	500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO NORTHERN UNIVERSITY OFFICE OF FINANCIAL AID 525 SOUTH MAIN STREET ADA, OH 45810	34-4429091	501C3	500				EDUCATION
OHIO NORTHERN UNIVERSITY OFFICE OF FINANCIAL AID 525 SOUTH MAIN STREET ADA, OH 45810	34-4429091	501C3	1,000				EDUCATION
OHIO NORTHERN UNIVERSITY OFFICE OF FINANCIAL AID 525 SOUTH MAIN STREET ADA, OH 45810	34-4429091	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO NORTHERN UNIVERSITY OFFICE OF FINANCIAL AID 525 SOUTH MAIN STREET ADA, OH 45810	34-4429091	501C3	1,000				EDUCATION
OHIO NORTHERN UNIVERSITY OFFICE OF FINANCIAL AID 525 SOUTH MAIN STREET ADA, OH 45810	34-4429091	501C3	1,000				EDUCATION
OHIO NORTHERN UNIVERSITY OFFICE OF FINANCIAL AID 525 SOUTH MAIN STREET ADA, OH 45810	34-4429091	501C3	1,250				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO PARKS AND RECREATION ASSO FDN 1069 A WEST MAIN STREET WESTERVILLE, OH 43081	31-1183065	501C3	580				HEALTH
OHIO PARKS AND RECREATION ASSO FDN 1069 A WEST MAIN STREET WESTERVILLE, OH 43081	31-1183065	501C3	596				HEALTH
OHIO STATE UNIVERSITY MEDICAL CENTER 660 ACKERMAN RD RM 635 PO BOX 183112 COLUMBUS, OH 43218	31-6025986	501C3	30,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY MEDICAL CENTER 660 ACKERMAN RD RM 635 PO BOX 183112 COLUMBUS, OH 43218	31-6025986	501C3	40,000				EDUCATION
OHIO STATE UNIVERSITY MEDICAL CENTER 660 ACKERMAN RD RM 635 PO BOX 183112 COLUMBUS, OH 43218	31-6025986	501C3	40,000				EDUCATION
OHIO STATE UNIVERSITY EXTENSION 2105 SOUTH HAMILTON ROAD SUITE 100 COLUMBUS, OH 43232	31-6025986	501C3	6,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	1,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	1,250				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	1,500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	1,500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	1,800				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	1,850				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	2,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	2,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	2,500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	2,500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	3,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	3,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	3,300				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	3,300				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	3,437				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	3,500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	3,500				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	3,796				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	8,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	12,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	12,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	12,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	15,000				EDUCATION
OHIO STATE UNIVERSITY FINANCIAL AID OFFI EXTERNAL SCHOLARSHIPS PO BOX 183248 183248 COLUMBUS, OH 432183248	31-1145986	501C3	15,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FOUNDATION CORPORATE AND FOUNDATION RELATIONS 1480 WEST LANE AVENUE COLUMBUS, OH 432213928	31-1145986	501C3	1,250				EDUCATION
OHIO STATE UNIVERSITY FOUNDATION CORPORATE AND FOUNDATION RELATIONS 1480 WEST LANE AVENUE COLUMBUS, OH 432213928	31-1145986	501C3	23,300				EDUCATION
OHIO STATE UNIVERSITY FOUNDATION CORPORATE AND FOUNDATION RELATIONS 1480 WEST LANE AVENUE COLUMBUS, OH 432213928	31-1145986	501C3	25,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS, OH 45701	31-6402113	501C3	500				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS, OH 45701	31-6402113	501C3	500				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS, OH 45701	31-6402113	501C3	500				EDUCATION

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

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

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

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

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
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS, OH 45701	31-6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS, OH 45701	31-6402113	501C3	1,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS, OH 45701	31-6402113	501C3	1,100				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS, OH 45701	31-6402113	501C3	1,500				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS, OH 45701	31-6402113	501C3	1,500				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS, OH 45701	31-6402113	501C3	1,500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS, OH 45701	31-6402113	501C3	2,000				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS, OH 45701	31-6402113	501C3	3,437				EDUCATION
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS, OH 45701	31-6402113	501C3	4,944				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS, OH 45701	31-6402113	501C3	15,000				EDUCATION
OHIO UNIVERSITY FOUNDATION INC PO BOX 869 ATHENS, OH 457010869	31-6402269	501C3	3,500				EDUCATION
OHIO UNIVERSITY FOUNDATION INC UNIVERSITY ADVANCEMENT 1 OHIO UNIVERSITY ATHENS, OH 45701	31-6402269	501C3	25,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO WESLEYAN UNIVERSITY OFFICE OF FINANCIAL AID 61 SOUTH SANDUSKY STREET DELAWARE, OH 43015	31-4379585	501C3	1,000				EDUCATION
OHIO WEST VIRGINIA YMCA INC PO BOX 239 400 MAIN STREET 2ND FLOOR POINT PLEASANT, WV 25550	55-0631259	501C3	1,025				SOCIAL SERVICES
OHIO WEST VIRGINIA YMCA INC PO BOX 239 400 MAIN STREET 2ND FLOOR POINT PLEASANT, WV 25550	55-0631259	501C3	12,000				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
OHIOHEALTH FOUNDATION INC 180 EAST BROAD STREET 31ST FLOOR COLUMBUS, OH 43215	23-7446919	501C3	24,100				HEALTH
OSU EXTENSION PICKAWAY COUNTY PO BOX 9 110 ISLAND ROAD SUITE B CIRCLEVILLE, OH 431130009	31-1145986	501C3	1,500				URBAN AFFAIRS
OSU EXTENSION ROSS COUNTY 475 WESTERN AVENUE SUITE F CHILLICOTHE, OH 45601	31-1145986	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OTTERBEIN UNIVERSITY 1 SOUTH GROVE STREET WESTERVILLE, OH 43081	31-4379532	501C3	1,000				EDUCATION
OTTERBEIN UNIVERSITY 1 SOUTH GROVE STREET WESTERVILLE, OH 43081	31-4379532	501C3	1,000				EDUCATION
OTTERBEIN UNIVERSITY ATTN ANNE KRIEGER CONTROLLER DIV OF BUS AFFAIRS 1 SOUTH GROVE STREET WESTERVILLE, OH 43081	31-4379532	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OTTERBEIN UNIVERSITY ATTN ANNE KRIEGER CONTROLLER DIV OF BUS AFFAIRS 1 SOUTH GROVE STREET WESTERVILLE, OH 43081	31-4379532	501C3	1,000				EDUCATION
OTTERBEIN UNIVERSITY ATTN ANNE KRIEGER CONTROLLER DIV OF BUS AFFAIRS 1 SOUTH GROVE STREET WESTERVILLE, OH 43081	31-4379532	501C3	1,500				EDUCATION
OTTERBEIN UNIVERSITY ATTN ANNE KRIEGER CONTROLLER DIV OF BUS AFFAIRS 1 SOUTH GROVE STREET WESTERVILLE, OH 43081	31-4379532	501C3	3,500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OTTERBEIN UNIVERSITY ATTN ANNE KRIEGER CONTROLLER DIV OF BUS AFFAIRS 1 SOUTH GROVE STREET WESTERVILLE, OH 43081	31-4379532	501C3	3,500				EDUCATION
P U R R FECT COMPANIONS CAT ADOPTION CEN 80 NORTH MULBERRY STREET CHILLICOTHE, OH 45601	30-0565697	501C3	2,500				SOCIAL SERVICES
PALATINES TO AMERICA PO BOX 141260 COLUMBUS, OH 43214	23-2253655	501C3	580				ARTS AND HUMANITIES

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
PALATINES TO AMERICA PO BOX 141260 COLUMBUS, OH 43214	23-2253655	501C3	792				ARTS AND HUMANITIES
PALATINES TO AMERICA PO BOX 141260 COLUMBUS, OH 43214	23-2253655	501C3	5,000				ARTS AND HUMANITIES
PALATINES TO AMERICA PO BOX 141260 COLUMBUS, OH 43214	23-2253655	501C3	15,000				ARTS AND HUMANITIES

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
PATHWAYS TO HOME 9141 KILBY ROAD HARRISON, OH 45030	31-1301490	501C3	1,000				EDUCATION
PEPPERDINE UNIVERSITY OFFICE OF FINANCIAL ASSISTANCE 24255 PACIFIC COAST HIGHWAY MALIBU, CA 902634301	95-1644037	501C3	1,000				EDUCATION
PICKAWAY COUNTY COMMUNITY ACTION 469 EAST OHIO STREET PO BOX 67 CIRCLEVILLE, OH 43113	31-0722252	501C3	2,500				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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	2				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	2				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	2				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	3				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	3				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	3				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	3				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	6				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	6				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	6				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	6				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	14				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	15				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	15				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	17				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	18				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	18				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	18				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	18				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	19				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	19				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	19				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	20				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	22				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	23				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	27				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	27				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	27				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	28				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	28				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	29				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	30				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	30				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	31				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	32				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	32				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	32				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	33				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	33				ADVANCING PHILANTHROPY

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

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

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	39				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	40				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	41				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	41				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	41				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	42				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	42				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	43				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	44				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	48				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	49				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	52				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	56				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	56				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	56				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	57				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	57				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	57				ADVANCING PHILANTHROPY

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

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	63				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	64				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	64				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	64				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	64				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	64				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	65				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	65				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	70				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	74				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	81				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	83				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	85				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	86				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	95				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	97				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	99				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	100				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	105				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	107				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	107				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	134				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	134				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	134				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	142				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	200				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	206				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	212				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	220				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	224				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	239				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	241				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	243				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	253				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	500				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	703				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	703				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	1,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	1,039				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	2,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	2,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	2,500				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	3,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	3,026				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	3,629				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	4,250				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	5,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	5,000				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	6,700				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	7,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	7,800				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	8,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	10,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	10,000				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	10,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	10,000				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	10,140				ADVANCING PHILANTHROPY

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
PICKAWAY COUNTY COMMUNITY FOUNDATION PO BOX 3 CIRCLEVILLE, OH 43113	31-1777036	501C3	15,808				ADVANCING PHILANTHROPY
PICKAWAY COUNTY COUNCIL ON YOUTH LEAD PO BOX 923 CIRCLEVILLE, OH 43113	20-4958209	501C3	200				SOCIAL SERVICES
PICKAWAY COUNTY DISTRICT PUBLIC LIBRARY 1160 NORTH COURT STREET CIRCLEVILLE, OH 43113	31-6401655	501C3	249				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKAWAY COUNTY DISTRICT PUBLIC LIBRARY 1160 NORTH COURT STREET CIRCLEVILLE, OH 43113	31-6401655	501C3	249				EDUCATION
PICKAWAY COUNTY HISTORICAL SOCIETY PO BOX 85 CIRCLEVILLE, OH 43113	31-1596155	501C3	630				ARTS AND HUMANITIES
PICKAWAY COUNTY HISTORICAL SOCIETY PO BOX 85 CIRCLEVILLE, OH 43113	31-1596155	501C3	748				ARTS AND HUMANITIES

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
PICKAWAY COUNTY HISTORICAL SOCIETY PO BOX 85 CIRCLEVILLE, OH 43113	31-1596155	501C3	748				ARTS AND HUMANITIES
PICKAWAY COUNTY HISTORICAL SOCIETY PO BOX 85 CIRCLEVILLE, OH 43113	31-1596155	501C3	862				ARTS AND HUMANITIES
PICKAWAY COUNTY HISTORICAL SOCIETY PO BOX 85 CIRCLEVILLE, OH 43113	31-1596155	501C3	11,652				ARTS AND HUMANITIES

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
PICKAWAY COUNTY HISTORICAL SOCIETY PO BOX 85 CIRCLEVILLE, OH 43113	31-1596155	501C3	11,652				ARTS AND HUMANITIES
PICKAWAY COUNTY HISTORICAL SOCIETY PO BOX 85 CIRCLEVILLE, OH 43113	31-1596155	501C3	18,404				ARTS AND HUMANITIES
PICKAWAY COUNTY SHERIFF'S OFFICE 600 ISLAND ROAD PO BOX 100 CIRCLEVILLE, OH 43113	23-4567890	501C3	7,000				URBAN AFFAIRS

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
PICKAWAY ROSS COUNTY JOINT VOCATIONAL 895 CROUSE CHAPEL ROAD CHILLICOTHE, OH 45601	31-0817518	501C3	5,000				EDUCATION
PITTSBURGH COMMUNITY REINVESTMENT GROUP 1901 CENTRE AVENUE SUITE 200 PITTSBURGH, PA 15219	25-1644683	501C3	7,500				URBAN AFFAIRS
PITTSBURGH COMMUNITY REINVESTMENT GROUP 1901 CENTRE AVENUE SUITE 200 PITTSBURGH, PA 15219	25-1644683	501C3	9,200				URBAN AFFAIRS

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
PLYMOUTH STATE UNIVERSITY 17 HIGH STREET PLYMOUTH, NH 032641595	02-6000937	501C3	4,898				EDUCATION
PLYMOUTH STATE UNIVERSITY 17 HIGH STREET PLYMOUTH, NH 032641595	02-6000937	501C3	18,000				EDUCATION
PRESBYTERIAN CHURCH OF HAMILTON 23 SOUTH FRONT STREET HAMILTON, OH 45011	31-0576677	501C3	5,000				RELIGION

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
PROJECT HOP E OF CLEVELAND 10932 ST CLAIR AVENUE CLEVELAND, OH 44108	80-0241946	501C3	2,500				HEALTH
RONALD MCDONALD HOUSE CHARITIES OF CENTR 711 EAST LIVINGSTON AVENUE COLUMBUS, OH 43205	31-0890152	501C3	2,500				SOCIAL SERVICES
RONALD MCDONALD HOUSE CHARITIES OF CENTR 711 EAST LIVINGSTON AVENUE COLUMBUS, OH 43205	31-0890152	501C3	25,000				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
ROSS COUNTY CHRISTIAN ACADEMY 2215 EGYPT PIKE CHILLICOTHE, OH 45601	20-5616782	501C3	10,000				EDUCATION
ROSS COUNTY COALITION AGAINST DOMESTIC 43 NORTH PAINT STREET PO BOX 1727 CHILLICOTHE, OH 45601	31-1044779	501C3	5,000				SOCIAL SERVICES
SAINT JOSEPH CENTRAL CATHOLIC HIGH SCHOO 702 CROGHAN STREET FREMONT, OH 43420	34-0905004	501C3	2,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT JOSEPH CENTRAL CATHOLIC HIGH SCHOO 702 CROGHAN STREET FREMONT, OH 43420	34-0905004	501C3	2,000				EDUCATION
SAINT JOSEPHS INDIAN SCHOOL 1301 NORTH MAIN STREET PO BOX 300 CHAMBERLAIN, SD 573250300	46-0235912	501C3	1,000				EDUCATION
SALVATION ARMY 966 EAST MAIN STREET COLUMBUS, OH 43205	13-5562351	501C3	25,000				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
SALVATION ARMY CORPS OF TIFFIN OHIO 505 EAST MARKET STREET TIFFIN, OH 44883	13-5562351	501C3	4,000				SOCIAL SERVICES
SALVATION ARMY GREATER CINCINNATI AREA 114 EAST CENTRAL PARKWAY CINCINNATI, OH 45202	13-5562351	501C3	500				SOCIAL SERVICES
SANDUSKY COUNTY COMMUNITIES FOUNDATI C/O THE CROGHAN COLONIAL BANK 323 CROGHAN STREET FREMONT, OH 43420	20-8314921	501C3	14,870				ADVANCING PHILANTHROPY

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
SANDUSKY COUNTY COMMUNITIES FOUNDATI C/O THE CROGHAN COLONIAL BANK 323 CROGHAN STREET FREMONT, OH 43420	20-8314921	501C3	267,652				ADVANCING PHILANTHROPY
SCIOTO SOCIETY INC 216 FRESHOUR ROAD PO BOX 73 CHILLICOTHE, OH 45601	31-0791031	501C3	8,500				URBAN AFFAIRS
SHARING KITCHEN OF FOSTORIA 321 N MAIN STREET FOSTORIA, OH 44830	34-1661501	501C3	500				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
SHAWNEE STATE UNIVERSITY OFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH, OH 456624344	31-0864917	501C3	500				EDUCATION
SHAWNEE STATE UNIVERSITY OFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH, OH 456624344	31-0864917	501C3	1,000				EDUCATION
SHAWNEE STATE UNIVERSITY OFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH, OH 456624344	31-0864917	501C3	1,000				EDUCATION

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
SHAWNEE STATE UNIVERSITY OFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH, OH 456624344	31-0864917	501C3	3,437				EDUCATION
SHAWNEE STATE UNIVERSITY OFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH, OH 456624344	31-0864917	501C3	5,000				EDUCATION
SHAWNEE STATE UNIVERSITY OFFICE OF FINANCIAL AID 940 SECOND STREET PORTSMOUTH, OH 456624344	31-0864917	501C3	6,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISTERS OF NOTRE DAME CLEVELAND 13000 AUBURN ROAD CHARDON, OH 44024	34-0714382	501C3	3,000				RELIGION
SISTERS OF ST FRANCIS CONVENT 200 ST FRANCIS AVENUE TIFFIN, OH 44883	34-4428986	501C3	1,500				SOCIAL SERVICES
SOUTH CENTRAL OHIO BIG BROTHER BIG SISTE 173 WEST SECOND STREET CHILLICOTHE, OH 456013113	31-0968026	501C3	1,000				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
SQPN P O BOX 491 ROSWELL, GA 300770491	30-0384791	501C3	750				RELIGION
STARGAZEY EQUINE THERAPY PO BOX 1045 ATTN HONOR READ JACKSON, OH 45640	46-3350868	501C3	6,000				SOCIAL SERVICES
STERLING PUBLIC SCHOOLS PO BOX 158 STERLING, OK 73567	73-0786404	501C3	55,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STYNCHULA FAMILY FOUNDATION 3135 ANGELA DRIVE GROVE CITY, OH 43123	26-4213357	501C3	500				SOCIAL SERVICES
TANDANA FOUNDATION INC 2933 LOWER BELLBROOK ROAD SPRING VALLEY, OH 453708761	20-4748423	501C3	5,322				URBAN AFFAIRS
TEAYS VALLEY CIVIC ASSOCIATION 35 PARK STREET ASHVILLE, OH 43103	31-1374718	501C3	2,000				ARTS AND HUMANITIES

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
TED LEWIS MUSEUM OF CIRCLEVILLE AND 133 WEST MAIN STREET PO BOX 492 CIRCLEVILLE, OH 43113	23-7243410	501C3	1,000				ARTS AND HUMANITIES
THE WESTFALL EDUCATION FOUNDATION 19463 PHERSON PIKE WILLIAMSPORT, OH 43164	20-4951223	501C3	697				EDUCATION
THE WESTFALL EDUCATION FOUNDATION 19463 PHERSON PIKE WILLIAMSPORT, OH 43164	20-4951223	501C3	767				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WESTFALL EDUCATION FOUNDATION PO BOX 83 WILLIAMSPORT, OH 43164	20-4951223	501C3	1,000				EDUCATION
THE WESTFALL EDUCATION FOUNDATION PO BOX 83 WILLIAMSPORT, OH 43164	20-4951223	501C3	2,000				EDUCATION
TIFFIN COMMUNITY YMCA RECREATION CENTER 180 SUMMIT STREET TIFFIN, OH 44883	34-4479386	501C3	5,000				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
TIFFIN SENECA PUBLIC LIBRARY 77 JEFFERSON STREET TIFFIN, OH 44883	34-6401401	501C3	1,000				SOCIAL SERVICES
TIFFIN SENECA TEEN CENTER PO BOX 1063 TIFFIN, OH 448831063	34-1725281	501C3	2,000				SOCIAL SERVICES
TRINITY LUTHERAN CHURCH 135 EAST MOUND STREET CIRCLEVILLE, OH 43113	31-4420128	501C3	2,246				RELIGION

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
TRINITY LUTHERAN CHURCH 135 EAST MOUND STREET CIRCLEVILLE, OH 43113	31-4420128	501C3	2,246				RELIGION
TRINITY LUTHERAN CHURCH 135 EAST MOUND STREET CIRCLEVILLE, OH 43113	31-4420128	501C3	3,370				RELIGION
TRINITY LUTHERAN CHURCH 135 EAST MOUND STREET CIRCLEVILLE, OH 43113	31-4420128	501C3	3,370				RELIGION

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
TRINITY LUTHERAN SEMINARY 2199 EAST MAIN STREET COLUMBUS, OH 43209	31-0943182	501C3	5,616				EDUCATION
TRINITY LUTHERAN SEMINARY 2199 EAST MAIN STREET COLUMBUS, OH 43209	31-0943182	501C3	5,616				EDUCATION
UNITED METHODIST COMMITTEE ON RELIEF 475 RIVERSIDE DRIVE RM 1445 NEW YORK, NY 10115	13-5562279	501C3	500				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
UNITED METHODIST COMMITTEE ON RELIEF PO BOX 9068 NEW YORK, NY 10087	13-5562279	501C3	500				SOCIAL SERVICES
UNITED METHODIST COMMITTEE ON RELIEF PO BOX 9068 NEW YORK, NY 10087	13-5562279	501C3	500				SOCIAL SERVICES
UNITED STATES SPORTSMEN'S ALLIANCE 801 KINGSMILL PARKWAY COLUMBUS, OH 43229	31-0941103	501C3	22				CONSERVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES SPORTSMEN'S ALLIANCE 801 KINGSMILL PARKWAY COLUMBUS, OH 43229	31-0941103	501C3	3,057				CONSERVATION
UNITED STATES SPORTSMEN'S ALLIANCE 801 KINGSMILL PARKWAY COLUMBUS, OH 43229	31-0941103	501C3	11,000				CONSERVATION
UNITED WAY OF WASHINGTON COUNTY 590 WASHINGTON ROAD SUITE 200 WASHINGTON, PA 15301	25-6070133	501C3	7,500				ADVANCING PHILANTHROPY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY ROSS COUNTY 53 EAST SECOND STREET CHILLICOTHE, OH 45601	31-4389671	501C3	2,500				SOCIAL SERVICES
UNITED WAY TIFFIN SENECA 201 SOUTH WASHINGTON STREET PO BOX 368 TIFFIN, OH 44883	34-6401399	501C3	7,300				SOCIAL SERVICES
UNITED WAY TIFFIN SENECA 201 SOUTH WASHINGTON STREET PO BOX 368 TIFFIN, OH 44883	34-6401399	501C3	11,000				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
UNITED WAY UPPER OHIO VALLEY 51 ELEVENTH STREET WHEELING, WV 26003	55-0479446	501C3	12,000				SOCIAL SERVICES
UNIVERSITY OF CINCINNATI PO BOX 932605 CLEVELAND, OH 44193	31-6000989	501C3	500				EDUCATION
UNIVERSITY OF CINCINNATI PO BOX 932605 CLEVELAND, OH 44193	31-6000989	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CINCINNATI PO BOX 932605 CLEVELAND, OH 44193	31-6000989	501C3	1,500				EDUCATION
UNIVERSITY OF CINCINNATI PO BOX 932605 CLEVELAND, OH 44193	31-6000989	501C3	1,500				EDUCATION
UNIVERSITY OF CINCINNATI PO BOX 932605 CLEVELAND, OH 44193	31-6000989	501C3	2,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CINCINNATI PO BOX 932605 CLEVELAND, OH 44193	31-6000989	501C3	5,000				EDUCATION
UNIVERSITY OF FINDLAY ATTN FINANCIAL AID 1000 NORTH MAIN STREET FINDLAY, OH 45840	34-4431169	501C3	1,000				EDUCATION
UNIVERSITY OF FINDLAY ATTN FINANCIAL AID 1000 NORTH MAIN STREET FINDLAY, OH 45840	34-4431169	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FINDLAY ATTN FINANCIAL AID 1000 NORTH MAIN STREET FINDLAY, OH 45840	34-4431169	501C3	1,000				EDUCATION
UNIVERSITY OF RIO GRANDE F-26 PO BOX 500 RIO GRANDE, OH 45674	31-4379537	501C3	500				EDUCATION
UNIVERSITY OF TAMPA ATTN BURSAR 401 WEST KENNEDY BOULEVARD BOX L TAMPA, FL 336061490	59-0624459	501C3	1,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TAMPA ATTN BURSAR 401 WEST KENNEDY BOULEVARD BOX L TAMPA, FL 336061490	59-0624459	501C3	1,750				EDUCATION
UNIVERSITY OF TOLEDO OFFICE OF FINANCIAL AID 2801 WEST BANCROFT STREET MS 314 TOLEDO, OH 436063390	34-6401483	501C3	3,140				EDUCATION
UNIVERSITY OF TOLEDO SCHOLARSHIP SERVICES MAIL STOP 314 2801 WEST BANCROFT STREET TOLEDO, OH 43606	34-6401483	501C3	5,600				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US DEPARTMENT OF STATE M/FA-ROOM 8213 2201 C STREET NW WASHINGTON, DC 20520	53-0200682	501C3	1,000				URBAN AFFAIRS
VOICECORPS READING SERVICE 2955 WEST BROAD STREET COLUMBUS, OH 43204	34-1169085	501C3	2,500				SOCIAL SERVICES
WASHINGTON AND LEE UNIVERSITY OFFICE OF FINANCIAL AID 204 WEST WASHINGTON STREET LEXINGTON, VA 24450	54-0505977	501C3	5,600				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST LIBERTY UNIVERSITY CUB 124 208 UNIVERSITY DRIVE WEST LIBERTY, WV 26074	55-6000822	501C3	1,500				EDUCATION
WESTERVILLE AREA RESOURCE MINISTRY 150 HEATHERDOWN DRIVE WESTERVILLE, OH 43081	31-1640355	501C3	50,000				SOCIAL SERVICES
WHEELING JESUIT UNIVERSITY 316 WASHINGTON AVENUE WHEELING, WV 26003	55-0394213	501C3	5,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAMSPORT UNITED METHODIST CHURCH PO BOX 179 WILLIAMSPORT, OH 43164	31-0933480	501C3	1,000				RELIGION
WILLIAMSPORT UNITED METHODIST CHURCH PO BOX 179 WILLIAMSPORT, OH 43164	31-0933480	501C3	5,000				RELIGION
WILLIAMSPORT UNITED METHODIST CHURCH PO BOX 179 WILLIAMSPORT, OH 43164	31-0933480	501C3	5,000				RELIGION

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
WILMINGTON COLLEGE STUDENT ONE STOP 1870 QUAKER WAY PYLE CENTER 1184 WILMINGTON, OH 45177	31-0537514	501C3	500				EDUCATION
WOMEN'S FUND OF CENTRAL OHIO 2323 WEST FIFTH AVENUE SUITE 230 COLUMBUS, OH 43204	31-1784310	501C3	1,500				ADVANCING PHILANTHROPY
WORLD GOSPEL MISSION PO BOX 948 MARION, IN 469520948	65-0339453	501C3	500				RELIGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD GOSPEL MISSION PO BOX 948 MARION, IN 469520948	65-0339453	501C3	2,000				RELIGION
WORLD LITERATURE CRUSADE DBA EVERY HOM 640 CHAPEL HILLS DRIVE COLORADO SPRINGS, CO 80920	23-7093281	501C3	2,500				RELIGION
WRIGHT STATE UNIVERSITY OFFICE OF THE BURSAR E236 STUDENT UNION 3640 COLONEL GLENN HIGHWAY DAYTON, OH 45435	31-0732831	501C3	500				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WRIGHT STATE UNIVERSITY OFFICE OF THE BURSAR E236 STUDENT UNION 3640 COLONEL GLENN HIGHWAY DAYTON, OH 45435	31-0732831	501C3	1,000				EDUCATION
WRIGHT STATE UNIVERSITY OFFICE OF THE BURSAR E236 STUDENT UNION 3640 COLONEL GLENN HIGHWAY DAYTON, OH 45435	31-0732831	501C3	1,000				EDUCATION
WRIGHT STATE UNIVERSITY OFFICE OF THE BURSAR E236 STUDENT UNION 3640 COLONEL GLENN HIGHWAY DAYTON, OH 45435	31-0732831	501C3	2,000				EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WRIGHT STATE UNIVERSITY OFFICE OF THE BURSAR E236 STUDENT UNION 3640 COLONEL GLENN HIGHWAY DAYTON, OH 45435	31-0732831	501C3	5,000				EDUCATION
WVU AT PARKERSBURG FOUNDATION 300 CAMPUS DRIVE PARKERSBURG, WV 26104	55-6021899	501C3	5,000				EDUCATION
YOUNG MENS CHRISTIAN ASSOCIATION OF 594 EAST MAIN STREET JACKSON, OH 45640	31-0886549	501C3	3,400				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG MENS CHRISTIAN ASSOCIATION OF PICK 440 NICHOLAS DRIVE CIRCLEVILLE, OH 43113	31-4379594	501C3	1,000				SOCIAL SERVICES
YOUNG MENS CHRISTIAN ASSOCIATION OF ROSS 100 MILL STREET CHILLICOTHE, OH 45601	31-4379806	501C3	16,000				SOCIAL SERVICES
YOUNGSTOWN STATE UNIVERSITY ONE UNIVERSITY PLAZA FINANCIAL AID OFFICE YOUNGSTOWN, OH 445550001	34-1011998	501C3	2,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YP360 1500 W THIRD AVENUE SUITE 322 COLUMBUS, OH 43212	46-4613204	501C3	500				SOCIAL SERVICES
ZION EVANGELICAL LUTHERAN CHURCH C/O 242 CHAPEL ROAD WHEELING, WV 26003	55-0461860	501C3	1,450				RELIGION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Employer identification number
31-1197385

Name of the organization
COMMUNITY FOUNDATIONS INC

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. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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									
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. <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	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									

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.

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATIONS INC

Employer identification number
31-1197385

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	1,789,120	AVERAGE HIGH AND LOW
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

Yes

No

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

No

b

If "Yes," describe the arrangement in Part II

31

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

No

32a

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

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATIONS INC

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

2016

**Open to Public
Inspection**

Employer identification number

31-1197385

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	TO FACILITATE THE TIMELY FILING OF THE FORM 990, THE RETURN IS NOT REVIEWED PRIOR TO ITS FILING BY ALL TRUSTEES THE RETURN IS, HOWEVER, AVAILABLE FOR REVIEW AT THE NEXT REGULARLY SCHEDULED BOARD MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, TRUSTEES ARE REQUIRED, IN WRITING, TO CONFIRM BOTH THEIR UNDERSTANDING OF THE FOUNDATION'S CONFLICT OF INTEREST POLICY, AND THAT HE/SHE IS IN COMPLIANCE WITH IT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	TOP OFFICERS ARE NOT COMPENSATED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORM 1023 AND 990 ARE AVAILABLE UPON REQUEST FURTHER, THE ORGANIZATION'S FORM 990 IS AVAILABLE AT WWW GUIDESTAR ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THIS ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BOOK/TAX INCOME DIFFERENCE ON PASS THROUGH INCOME 13,334 NET TRANSFERS FROM (TO) RELATED FOUNDATIONS -31,772 GRANTS RESCINDED FROM PRIOR YEARS 30,625 GRANT REFUNDS 26,941

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	AT THE ANNUAL AUDIT COMMITTEE MEETING, THE FINANCIAL STATEMENTS ARE PRESENTED TO THE AUDIT COMMITTEE BY THE EXTERNAL AUDITORS STAFF AND A MEMBER OF THE AUDIT COMMITTEE REVIEWS THE RESULTS OF THE AUDIT COMMITTEE MEETING WITH THE FULL BOARD AT THEIR NEXT SCHEDULED BOARD MEETING THE COMMITTEE ALSO OVERSEES THE PROCESS OF SELECTING THE INDEPENDENT ACCOUNTANT THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493132017357	
SCHEDULE R (Form 990)	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
					2016
	Department of the Treasury Internal Revenue Service	Name of the organization COMMUNITY FOUNDATIONS INC			Employer identification number 31-1197385

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE COLUMBUS FOUNDATION	M	331,564	CASH PAYMENT
(2) THE COLUMBUS FOUNDATION	R	39,075	CASH PAYMENT
(3) THE COLUMBUS FOUNDATION	S	7,303	CASH PAYMENT
(4) THE COLUMBUS FOUNDATION	B	1,000	CASH PAYMENT

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-6044264	GRANTMAKING	OH	501C3	LINE 8	N/A		No
(1) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1772342	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(2) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1502517	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(3) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-6034435	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(4) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1606919	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(5) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 41-2138379	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(6) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1372548	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(7) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 20-0523484	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(8) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1045339	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(9) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 01-0552288	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(10) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1487829	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(11) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1453633	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(12) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1438583	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(13) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-6653583	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(14) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-6051433	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(15) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1631547	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	COMMUNITY FOUNDATIONS INC		No
(16) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1380072	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(17) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1387703	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(18) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1364161	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(19) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1253999	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 26-0017844	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(1) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 32-0100273	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(2) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1677576	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(3) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1445233	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(4) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1418621	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(5) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1550556	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(6) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 20-2475731	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(7) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1491083	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No
(8) 1234 EAST BROAD STREET COLUMBUS, OH 432051405 31-1253442	GRANTMAKING	OH	501C3	LINE 11A, TYPE 1	THE COLUMBUS FOUNDATION		No