Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Α	For th	e 2016 calendar year, or tax year beginning	and	ending		
В	Check if applicab	C Name of organization		_	D Employer identific	cation number
Г	Addre	THE SPRINGFIELD FOUNDATION				
Ē	Name chen	Doing business as			31-6	030764
	Initial returi Final returi	Number and street (or P.O. box if mail is not delivered to street a	address)	Room/suite	E Telephone number	324-8773
L	termi	' L	postal code	<u> </u>	G Gross receipts \$	17,164,237.
	Amer	SPRINGFIELD, OH 45505			H(a) Is this a group re	etum
	Appli	F Name and address of principal officer TED VANDER	ROEST		for subordinates	? Yes X No
_	pend	SAME AS C ABOVE			H(b) Are all subordinates in	cluded? Yes No
		empt status $X = 501(c)(3) = 501(c)() $ (insert no.)	4947(a)(1)	or 527		list. (see instructions)
		te: SPRINGFIELDFOUNDATION.ORG	Tour N	- 1	H(c) Group exemption	
	Form o Part I	f organization: X Corporation Trust Association Summary	Other	IL Year	of formation: 1940 N	State of legal domicile: OH
)	1	Briefly describe the organization's mission or most significant act	vities PROV	IDE FO	R ADVANCEMEN	IT AND
	Activities & Governance a 2 3 4 5 6 2	SUPPORT OF EDUCATION, WELFARE SER				
כ ר	Ē 2	Check this box If the organization discontinued its ope	rations or dispo-	sed of more	than 25% of its net ass	
5	3	Number of voting members of the governing body (Part VI, line 1a	1)		3	20
SCANNED	5 4	Number of independent voting members of the governing body (F	Part VI, line 1b)		. 4	20
艺艺	ທູ 5	Total number of individuals employed in calendar year 2016 (Part	V, line 2a)		5	
艺:	<u></u>	Total number of volunteers (estimate if necessary)			. 6	45
25	7 a	Total unrelated business revenue from Part VIII, column (C), line 1	2		7a	13,387.
Ŵ.	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34			7b	11,495.
		0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	Prior Year 2,462,827.	Current Year 2,679,619.
9	8 8	Contributions and grants (Part VIII, line 1h)		-	156,760.	155,199.
	9 10	Program service revenue (Part VIII, line 2g)		 	1,498,889.	636,265.
ć	<u> 10</u>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	110)	-	999.	<1,188.>
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and Total revenue - add lines 8 through 11 (must equal Part VIII, column			4,119,475.	3,469,895.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	111 (-y, 11116 12)		2,761,561.	2,540,818.
	14	Benefits paid to or for members (Part_IX, column (A), line_4)		-	0.	0.
	1 45	Salaries, other compensation, employee benefits Partix column	(A), lines 5-10)		385,202.	379,589.
Š	56 I	Professional fundraising fees (Part IX column (A), line 11e)			0.	0.
	<u>ā</u> b		0221,1	46.		
Ú	Î 17	Total fundraising expenses (Part IX, column (P), line 25), 7 Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)	ψ		518,217.	321,991.
	18	Total expenses. Add lines 13-17 (must equal-Part-IX-column (A), 1	ine 25)	<u> </u>	3,664,980.	3,242,398.
_	19	Revenue less expenses. Subtract line 18 from in 12 EN. U	1		454,495.	227,497.
s or	Sec			Be	ginning of Current Year	End of Year
sset	절 원 21	Total assets (Part X, line 16)		<u> </u>	71,108,305.	76,076,828.
Net As	Ħ	Total liabilities (Part X, line 26)			39,434,994.	42,917,231.
		Net assets or fund balances Subtract line 21 from line 20 Signature Block			31,673,311.	33,159,597.
نشط	W	alties of perjury, I declare that I have examined this return, including accom	nanvina schedule	s and stateme	ints, and to the hest of my	knowledge and helief it is
		ct, and complete, Declaration of prepara r (other than officer) is based on al			-	Miowiougo and Bonot, it is
		While France			9/6/	17
Si	gn	Signature of officer			Date	
He	ere	WILLIAM BROUGHER, TREASURER				
		Type or print name and title				
		Print/Type preparer's name Preparer's sign		1	Date Check	PTIN
Pa			SHROYER		9/01/17 self-employ	
	eparer	Firm's name CLARK, SCHAEFER, HACKETT			Firm's EIN ▶	31-0800053
Us	e Only	Firm's address 14 EAST MAIN STREET, SUI	TR 200		5. 02	7 200 2000
		SPRINGFIELD, OH 45502			Phone no. 9 3	7-399-2000
Ma	ay the I	RS discuss this return with the preparer shown above? (see instru	cuons)			X Yes No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)

	1 990 (2016) THE SPRINGFIELD FOUNDATION	31-6030764 P	age 2
\$Pa	Charlet Schoolule O contains a response or note to say line in this Bort III		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission OUR MISSION IS TO RAISE, STRENGTHEN, AND DISTRIBUTE PERM CHARITABLE FUNDS TO BENEFIT CLARK COUNTY.	ANENT	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐Yes X	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as in Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 2,821,780. Including grants of \$ 2,540,818.) (Revent the SPRINGFIELD FOUNDATION PARTNERS WITH INDIVIDUALS, FAIORGANIZATIONS TO PROVIDE A PERMANENT SOURCE OF CHARITABLE IMPROVE THE QUALITY OF LIFE OF THOSE IN CLARK COUNTY, OH RESOURCES ARE STRENGTHENED THROUGH SOUND INVESTMENT AND STEWARDSHIP AND ARE DISTRIBUTED AS GRANTS TO NON-PROFIT AND AS SCHOLARSHIPS FOR STUDENTS THROUGHOUT THE COMMUNITY	MILIES, AND E CAPITAL TO IO. THESE DILIGENT ORGANIZATIONS	3.)
4b	(Code) (Expenses \$ including grants of \$) (Revenue	ue\$)
4c	/6		
40	(Code) (Expenses \$) (Revenue)	18 \$	
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 2,821,780.		
	Total program sortion expenses # 2 022 100 :	Form 990	(2016)

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)?			ĺ
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
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 98-197 If "Yes," complete Schedule C, Part III	_5_		X
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	<u>X</u>	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l '	1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	Ì '	1	
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u>'</u>		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		47	
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		7.7	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	- -
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			3
	as applicable	<u>I</u>	M .	I IL
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		$ \mathbf{x} $	
L	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
D	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	x	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1.15		
٠	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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			
٠	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	I	X
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	_X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		}	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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		<u> </u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			3.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	امرا		v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	19		X
	complete Schedule G. Part III		990	(2016)
			(

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½, a	Continued)			_
			Yes	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	}		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	:	1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete] !		
	Schedule J	23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ie		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	j j		
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1270		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	230		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	[[
	·	051		х
00	Schedule L, Part I	25b	-- $+$	
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? // "Yes,"			~
	complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	3 3	X
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)	13.		1 1
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_ <u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office	er,		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
	Schedule N, Part II	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	_X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	ĺ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ĺ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		$\neg \neg$	
=	If "Yes," complete Schedule R, Part V, line 2	36	l l	X

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

Form 990 (2016)

Form 990 (2016) THE SPRINGFIELD FOUNDATION
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		16	2.3	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portal	ole gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1	7	íš.
	filed for the calendar year ending with or within the year covered by this return	2a	1	7	ij.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		1,485		3
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a_		X
b	If "Yes," enter the name of the foreign country			-		*
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Air	cconu.	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	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	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gıfts			
	were not tax deductible?			6b	<u> </u>	<u></u>
7	Organizations that may receive deductible contributions under section 170(c).			W.	- 100 - 100	À.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payo	r? <u>7a</u>		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	L	L
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	ııred	1	l	
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			3	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	12	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		_7f_		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C	11111	^ 0000	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9	13	¥2.	Ž_ l
	sponsoring organization have excess business holdings at any time during the year?			8	600.	X
9	Sponsoring organizations maintaining donor advised funds.				S	
а	Did the sponsoring organization make any taxable distributions under section 4966?			<u>9a</u>		X
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter	۔ ا			. 🐐	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		┤ ;*	1 3	â
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		- ` `≬	l 4	
11	Section 501(c)(12) organizations. Enter	ا	1		1	-6
a	Gross income from members or shareholders	_11a		🔏		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	446			, 2	
124	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		128	3	8 13
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	<u> </u>	-	2	` 4
	Is the organization licensed to issue qualified health plans in more than one state?			120	2 3	-*
а	Note. See the instructions for additional information the organization must report on Schedule O.			13a	**	.20
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
J	organization is licensed to issue qualified health plans	13b	•			ľ
_	Enter the amount of reserves on hand	13c			4	
-	Did the organization receive any payments for indoor tanning services during the tax year?			14a	200-3	X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	. ^		14b	†	
					990	(2016)
						,,,

Form 990 (2016) THE SPRINGFIELD FOUNDATION 31-6030764 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below respons to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			144
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 20	0.5	1.35	1 (2)
	If there are material differences in voting rights among members of the governing body, or if the governing			141
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		Š	
2	officer, director, trustee, or key employee?	2	_ IL	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 70	Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or	 		<u> </u>
/ a	·	7-		х
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a_		<u> </u>
D	persons other than the governing body?	76		x
٥	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	à	1
8	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	├──
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		_
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This Section B reduests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	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		l
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	$\overline{}$
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	- Min
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	$\overline{}$
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			$\overline{}$
_	In Schedule O how this was done	12c	x	ĺ
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	$\overline{}$
15	Did the process for determining compensation of the following persons include a review and approval by independent	ÁL	N.	- C. C.
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			225
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	andministration and	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	40		. 9
	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	,000 v.400k	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	allable	;	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JOYCE DAWSON - (937) 324-8773			
	333 N LIMESTONE ST STE 201, SPRINGFIELD, OH 45503			
632006	11-11-16	Form	990	(2016)

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organic (A) Name and Title	(B) Average hours per week	(do		Pos heck i	C) ition more rson i	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former .	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TAMMI ANGLE	1.00									
SECRETARY		X		X			Щ	0.	0.	0.
(2) DEAN BLAIR	1.00	1								_
TRUSTEE		X	_		<u> </u>		Ш	0.	0.	0.
(3) BILL BROUGHER	1.00	↓								
TREASURER		X		X	<u> </u>		H	0.	0.	0.
(4) LULA COSBY	1.00	١.,						•	0	_
TRUSTEE	1 00	Х	├			<u> </u>	Щ	0.	0.	0.
(5) DR. CATHY CROMPTON TRUSTEE	1.00	X						0.	0.	0.
(6) KIM FISH	1.00	┢	-			┝╌		0.	0.	0.
PRESIDENT	1.00	x		x				0.	0.	0.
(7) DEBORAH HILL	1.00	1	\vdash	-		┝╌	\vdash			
TRUSTEE		x						0.	0.	0.
(8) ED LEVENTHAL	1.00							<u>_</u>		<u></u>
TRUSTEE		x						0.	0.	0.
(9) TOM LOFTIS	1.00									
TRUSTEE		x						0.	0.	0.
(10) MAUREEN MASSARO	1.00									
TREASURER		Х		X				0.	0.	0.
(11) STEVE NEELY	1.00									
VICE PRESIDENT		X	Щ	Х				0.	0.	0.
(12) DAN O'KEEFE	1.00	1				'				_
TRUSTEE		X	Щ			Щ		0.	0.	0.
(13) WILLIAM SCARFF	1.00							_	_	_
TRUSTEE		X				<u> </u>		0.	0.	0.
(14) JAGDISH SINGH	1.00	١								_
TRUSTEE	1 100	Х	-	_	<u> </u>	<u> </u>	\vdash	0.	0.	0.
(15) DARRELL KITCHEN	1.00	x		H				0	0.	_
TRUSTEE (16) SHEILA RICE	1.00	┝	\vdash	-	-		Н	0.	<u> </u>	0.
TRUSTEE	1.00	X						0.	0.	0.
(17) JEANNE LAMPE	1.00	┢	Н	\dashv	-	├~	\vdash			
TRUSTEE	1.00	x						0.	0.	0.
		127	Ц		Ь	Щ.	\sqcup			Farm 990 (201)

632007 11-11-16

Form 990 (2016)

art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per	(do box	(C) Position (do not check more than one box, unless person is both an		(D) Reportable compensation	(E) Reportable compensation	e Estim		(F) imated ount of				
,	week (list any hours for related organizations below line)	tee or director	er enstitutional trustee	Officer		Highest compensated 4/		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MI	d ns	comp fro orga and	other pensation om the inization related nizations	
(18) VICTORIA DAWSON-SCRUSE TRUSTEE	1.00	x						0.		0.	1	0.	
(19) STEPHEN MOODY TRUSTEE	1.00	х						0.		0.		0.	
(20) DUANE HODGE	1.00											<u> </u>	
TRUSTEE (21) TED VANDER ROEST	40.00	X				-	-	0.		0.		0.	
EXECUTIVE DIRECTOR		-	_	Х		<u> </u>	_	104,066.		0.	22	,973.	
					_	_				_			
						L							
	<u> </u>												
											_		
1b Sub-total	<u>!</u>	L				<u></u>	<u> </u>	104,066.		0.	22	,973.	
c Total from continuation sheets to Part VI	I, Section A							104,066.		0.			
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	ot limited to th	ose l	liste	d ab	ove) wh	o re		000 of reportable				
compensation from the organization												1 Yes No	
3 Did the organization list any former officer,		ıstee	, ke	y em	olqr	yee,	or h	highest compensated er	nployee on		. 13	X	
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	ım of reportabl								he organization		_3		
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a									dual for services		4	X	
rendered to the organization? If "Yes." com	•				•						5	X	
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated ind	eper	nder	nt co	ntra	ctor	s th	nat received more than \$	3100.000 of com	pensat	tion from	n	
the organization. Report compensation for													
(A) Name and business	address	NC	NE	3				(B) Description of s	ervices	C	(C) ompen		
									İ	ı			
				_			٦						
							\dashv						
	-		<u>-</u>		_		\dashv						
						_	\dashv						
2 Total number of independent contractors (ii	actuding but as	at lim	auto d	l to +	hoo	ما د	tod	abova) who recoved m	oro than	,	/ (iii)	<u></u>	
\$100,000 of compensation from the organization	-	JC 1111		. 10 1	0		ren	above) who received me	ore man	, % %, 4			

THE SPRINGFIELD FOUNDATION Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Unrelated Related or Total revenue exempt function business revenue Federated campaigns Gifts, Grants ilar Amounts 1a 38,500 1b Membership dues Fundraising events 1c 1d Related organizations Government grants (contributions) 1e Contributions, and Other Sim All other contributions, gifts, grants, and 2,641,119 similar amounts not included above 1,201,866 Noncash contributions included in lines 1a-1f \$ 2,679,619, h Total. Add lines 1a-1f 1 Business Code ŠØ 2 a ADMINISTRATIVE FEE INCOME 561000 104,313. 104,313 Program Service OPERATING ENDOWMENT 561000 50.886. 50,886 All other program service revenue 155,199. g Total. Add lines 2a-2f Ŵ. 3 Investment income (including dividends, interest, and 410,603 other similar amounts) 13,387. 397,216. Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 13,920,004. assets other than inventory b Less cost or other basis 13,694,342 and sales expenses 225,662. Gain or (loss) d Net gain or (loss) 225 662 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code MISC INCOME 561000 1,564 11 a LOSS ON INVESTMENT IN LLC 900099 <2,752.> b <2,752.> d All other revenue

<1,188.>

3,469,895

Total. Add lines 11a-11d

Total revenue. See instructions.

13,387

620,126.

Form 990 (2016)

156,763

Form 990 (2016) THE SPRINGFIE
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon			(C)	(D)
	not include amounts reported on lines 6b, 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	2,429,891.	2,429,891.		
2	Grants and other assistance to domestic		· -		
_	individuals. See Part IV, line 22	110,927.	110,927.		* * *
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members			7.45.72	
5	Compensation of current officers, directors,			7 7 7 7 7 7 7 6 6 6 6 6 6 6 6 6 6 6 6 6	
•	trustees, and key employees	127,039.	31,760.	31,760.	63,519
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	187,356.	66,150.	64,563.	56,643
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	15,395.	4,794. 7,985.	4,717.	5,884 9,799
9	Other employee benefits	25,639.	7,985.	7,855.	9,799
10	Payroll taxes	24,160.	7,524.	7,402.	9,234
11	Fees for services (non-employees)				
а	Management				
b	Legal	00 100		00 100	
C	Accounting	22,198.		22,198.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	88,466.	88,466.		
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,	00,400.	00,400.		
g	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	27,476.	8,557.	8,418.	10,501
13	Office expenses	6,615.	2,060.	2,027.	2,528
14	Information technology	28,899.	9,000.	8,854.	11,045
15	Royalties				
16	Occupancy	39,390.	12,267.	12,068.	15,055
17	Travel	963.	300.	295.	368
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,261.	2,261.	2,225.	2,775
20	Interest				
21	Payments to affiliates	F 202	1 (10	1 (01	2 222
22	Depreciation, depletion, and amortization	5,290.	1,647.	1,621.	2,022
23	Insurance	6,868.	2,139.	2,104.	2,625
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 0.)				
а	OTHER	62,051.	27,795.	15,242.	19,014
b		11,026.	3,434.	3,378.	4,214
¢	PRINTING AND PUBLICATIO	9,361.	2,915.	2,868.	3,578
d	POSTAGE AND SHIPPING	6,127.	1,908.	1,877.	2,342
е		2 2 4 2 2 2 2	0.001. = 0.5	100-100	
25_	Total functional expenses. Add lines 1 through 24e	3,242,398.	2,821,780.	199,472.	221,146
26	Joint costs. Complete this line only if the organization	1			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			İ	
	Check here rf following SOP 98-2 (ASC 958-720)				Form 990 (201

Form 990 (2016)
Part X Balance Sheet

Pai	rt X	Balance Sheet						
		Check if Schedule O contains a response or note to any	line in this Part X	· -				
				(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing		1,546,753.	1	1,532,875.		
	2	Savings and temporary cash investments	7,858,745.	2	5,267,634.			
	3	Pledges and grants receivable, net	10,910.	3	172,397.			
i	4	Accounts receivable, net	-					
	5	Loans and other receivables from current and former office	cers, directors,					
		trustees, key employees, and highest compensated emp						
		Part II of Schedule L		5				
	6	Loans and other receivables from other disqualified personal	ons (as defined under		- 1800 -			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing					
		employers and sponsoring organizations of section 501(o	c)(9) voluntary					
2		employees' beneficiary organizations (see instr) Complet	e Part II of Sch L		6			
Assets	7	Notes and loans receivable, net			7			
ž	8	Inventories for sale or use			8			
	9	Prepaid expenses and deferred charges		15,294.	9	20,340.		
	10a	Land, buildings, and equipment cost or other			ì			
		basis Complete Part VI of Schedule D 10a	146,889.		ìĂ.			
	b	Less accumulated depreciation 10b	111,736.	42,065.	10c	35,153.		
	11	Investments - publicly traded securities		37,913,725.	11	39,270,309.		
	12	Investments - other securities See Part IV, line 11		23,307,496.	12	29,332,222.		
	13	Investments - program-related. See Part IV, line 11		264,827.	13	262,075.		
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11		148,490.	15	183,823.		
\dashv	16	Total assets. Add lines 1 through 15 (must equal line 34	<u> </u>	71,108,305.	16	76,076,828.		
1	17	Accounts payable and accrued expenses	30,095.	17	33,010.			
	18	Grants payable		132,141.	18	178,831.		
- 1	19	Deferred revenue			19			
ŀ	20	Tax-exempt bond liabilities	.	30 700 415	20	42 1F2 FFC		
1	21	Escrow or custodial account liability Complete Part IV of		38,709,415.	21	42,153,556.		
Liabilities	22	Loans and other payables to current and former officers,	· ·		À .			
		key employees, highest compensated employees, and di- Complete Part II of Schedule L	squaimed persons.		· .			
[23	Secured mortgages and notes payable to unrelated third	nortico		22 23			
1	24	Unsecured notes and loans payable to unrelated third pa			24	 		
- 1	25	Other liabilities (including federal income tax, payables to			24_			
1	23	parties, and other liabilities not included on lines 17-24) (
- 1		Schedule D	somplete Fart X of	563,343.	25	551,834.		
	26	Total liabilities. Add lines 17 through 25		39,434,994.	26	42,917,231.		
┪		Organizations that follow SFAS 117 (ASC 958), check	here X and	1. 1. 1. 1.	<u> </u>			
ູ່		complete lines 27 through 29, and lines 33 and 34.						
2	27	Unrestricted net assets		7,321,203.	27	7,512,469.		
	28	Temporarily restricted net assets	ı	24,352,108.	28	25,647,128.		
Net Assets of Fund balances	29	Permanently restricted net assets			29			
\$		Organizations that do not follow SFAS 117 (ASC 958),	check here 🕨 🗔		2	78 K B A N		
5		and complete lines 30 through 34.			<u>làľ</u>			
3	30	Capital stock or trust principal, or current funds			30			
<u> </u>	31	Paid-in or capital surplus, or land, building, or equipment	fund		31			
:	32	Retained earnings, endowment, accumulated income, or	other funds		32			
Ž	33	Total net assets or fund balances		31,673,311.	33	33,159,597.		
	34	Total liabilities and net assets/fund balances		71,108,305.	34	76,076,828.		
						Form 990 (2016)		

Form	990 (2016) THE SPRINGFIELD FOUNDATION	31	-6030764	Pa	ige 12
Pa	TEXT Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		_ <u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,46		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,24		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>97.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,67		
5	Net unrealized gains (losses) on investments	5	1,25	<u>8,7</u>	<u>89.</u>
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			-	
	column (B))	10	3 <u>3</u> ,15	<u>9,5</u>	97 <u>.</u>
Pãi	t XII Financial Statements and Reporting	- -			
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990			Î	K B
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			*
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			1
	separate basis, consolidated basis, or both			337	, ,
	Separate basis Consolidated basis Both consolidated and separate basis				, ý
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		36	
	consolidated basis, or both		1343		ľ,
	Separate basis X Consolidated basis Both consolidated and separate basis		* ***		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			l.
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			l.
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing		dit /	, 	
	Act and OMB Circular A-133?	-	3a		X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	lıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		l

Form **990** (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization									
THE SPRINGFIELD FOUNDATION] 3	31-6030764							
Part I Reason for Public Charity Status (All organizations must complete this part) See instru	ctions.								
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	V1VAViii). Enter	the hospital's name.							
city, and state	K - X - X								
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 X An organization that normally receives a substantial part of its support from a governmental unit or fi	om the general	nublic described in							
section 170(b)(1)(A)(vi). (Complete Part II.)	om are general	public described in							
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 v	with a land grant	collogo							
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and sta									
university	ite or the college	5 01							
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, mem	horobin food ar	nd grace receipte from							
activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/39									
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the		_							
See section 509(a)(2). (Complete Part III.)	ie organization a	alter Julie 30, 1975.							
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
12 An organization organized and operated exclusively to test for public safety. See Section 505(a)(4).	to carry out the	nurnaces of ana ar							
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sec									
lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12		Check the box in							
	· -	anuna							
Type I. A supporting organization operated, supervised, or controlled by its supported organization the supported organization(s) the power to regularly appoint or elect a majority of the directors or to the supported organization of the directors or the supported organization of the directors or the supported organization of the supported organization.									
	rustees of the st	pporting							
organization. You must complete Part IV, Sections A and B.									
b Type II. A supporting organization supervised or controlled in connection with its supported organ									
control or management of the supporting organization vested in the same persons that control or r	nanage the sup	ропеа							
organization(s). You must complete Part IV, Sections A and C.		. al al .							
Type III functionally integrated. A supporting organization operated in connection with, and func		ed with,							
its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and I									
d Type III non-functionally integrated. A supporting organization operated in connection with its si		• •							
that is not functionally integrated. The organization generally must satisfy a distribution requirement	t and an attenti	veness							
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,	lype II, Type III								
functionally integrated, or Type III non-functionally integrated supporting organization.									
f Enter the number of supported organizations		L							
q Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization listed (v) Amo	ount of monetary	(vi) Amount of other							
organization (described on lines 1-10 in your governing document? support	(see instructions)	support (see instructions)							
above (see instructions)) Yes No support	` - 								
									
									
									
Total British									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 THE SPRINGFIELD FOUNDATION 31-6030

Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar 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	1			1	1	j
	include any "unusual grants.")	3493289.	1798917.	1704422.	2462827.	2679619.	<u> 12139074.</u>
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to				l		
	or expended on its behalf				<u> </u>		
3	The value of services or facilities						
	furnished by a governmental unit to					{	1
	the organization without charge						
4	Total. Add lines 1 through 3	3493289.	1798917.	1704422.	2462827.	2679619.	12139074.
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)		XA: % 300 '5"	Y 1." W			4108346.
	Public support. Subtract line 5 from line 4			W X			8030728.
	ction B. Total Support	<u> </u>			, 		,
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
•	Amounts from line 4	3493289.	1798917.	1704422.	2462827.	2679619.	12139074.
8	Gross income from interest,				}		
	dividends, payments received on				}		
	securities loans, rents, royalties	050 110	E60 04E	C40 010	462 465	207 216	2012740
_	and income from similar sources	850,112.	562,945.	640,010.	463,465.	397,216.	2913748.
9	Net income from unrelated business						
	activities, whether or not the			.2 272 .	2 401	12 207	10 405
	business is regularly carried on			<3,373.>	2,481.	13,387.	12,495.
10	Other income Do not include gain						
	or loss from the sale of capital	78,660.	1,543.	29,669.	999.	1,564.	112,435.
	assets (Explain in Part VI) Total support. Add lines 7 through 10	70,000.	1,343.	23,003.	333.		15177752.
12	Gross receipts from related activities,		7, 4, 4, 4,	** ** ;'	**************************************	12	570,951.
	First five years. If the Form 990 is for	,	•	l fourth or fifth to	v voor oo a coation		370,931.
1.0	organization, check this box and stor		mar, second, time	i, ioditii, or ilitii ta	x year as a section	1 30 1(0)(3)	▶□
Sec	ction C. Computation of Publi	c Support Per	centage			 	·
14	Public support percentage for 2016 (li	ne 6. column (f) di	rided by line 11, co	olumn (fi)		14	52.91 %
	Public support percentage from 2015			(7)		15	54.28 %
	33 1/3% support test - 2016. If the d	•	•	line 13. and line 1	14 ıs 33 1/3% or m		
	stop here. The organization qualifies			•			$\triangleright \overline{X}$
b	33 1/3% support test - 2015. If the d	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	
	and stop here. The organization qual	fies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test	- 2016. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	ind line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					J	▶□
b	10% -facts-and-circumstances test	- 2015. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organizatio	n did not check a t	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	▶
					Sche	dule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 THE SPRINGFIELD FOUNDATION 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)

Se	ction A. Public Support													
Cale	ndar year (or fiscal year beginning in)	(a)	2012		(b) 2013		(c) 20	014	(d	2015	(€	2016	(f) To	tal
1	Gifts, grants, contributions, and	1												
	membership fees received. (Do not	1		1		-			ļ		1		ļ	
	ınclude any "unusual grants.")										_			
2	Gross receipts from admissions,	1									_			
	merchandise sold or services per-			1							1			
	formed, or facilities furnished in any activity that is related to the	1		1		ł			1				}	
	organization's tax-exempt purpose	L							<u></u>		l			
3	Gross receipts from activities that					7								
	are not an unrelated trade or bus-	1		ŀ		ł			l					
	iness under section 513	1				1			Ī.		1		l	
4	Tax revenues levied for the organ-								Ī					
	ization's benefit and either paid to	ĺ		1		1			}		1		ì	
	or expended on its behalf								_		ľ			
5	The value of services or facilities			7										
	furnished by a governmental unit to			1		-								
	the organization without charge					1			1		Ì			
6	Total. Add lines 1 through 5													
7 <i>a</i>	Amounts included on lines 1, 2, and													
	3 received from disqualified persons													
k	Amounts included on lines 2 and 3 received	_								_	T			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					-			Į		1			
	amount on line 13 for the year					L			1					
•	: Add lines 7a and 7b					$\neg \neg$	_							
_8	Public support. (Subtract line 7c from line 6)	<u> </u>	, A .		W.S	¥ `	1,	V. A	1	a c	. 1	3)		
Sec	ction B. Total Support													
Cale	ndar year (or fiscal year beginning in)	(a) 2	2012		(b) 2013		(c) 20	014	(d	2015	(е	2016	(f) To	tal
9	Amounts from line 6													
10a	Gross income from interest,	1		1					!	_				
	dividends, payments received on securities loans, rents, royalties			1		İ			}					
	and income from similar sources								l		<u> </u>			
t	Unrelated business taxable income					T					1		-	
	(less section 511 taxes) from businesses	ľ				- 1								
	acquired after June 30, 1975								<u>i</u>	_	ļ.,			
c	Add lines 10a and 10b			<u></u>		Ι					1 "			
11	Net income from unrelated business					T			1					
	activities not included in line 10b, whether or not the business is			1							1			
	regularly carried on					_1_					<u> </u>			
12	Other income Do not include gain					T				_	1			
	or loss from the sale of capital assets (Explain in Part VI)			1		_1				_				
13	Total support. (Add lines 9, 10c, 11, and 12)					\perp								
14	First five years. If the Form 990 is for	r the orga	ınızatıon'	s first	, second, th	nird, fo	ourth, c	or fifth ta	x year a	as a section	on 501(c)	(3) organiza	ition,	
	check this box and stop here													
Sec	ction C. Computation of Publi	c Supp	ort Pe	rcen	tage									
15	Public support percentage for 2016 (I	ine 8, col	umn (f) d	ıvıded	by line 13,	colu	nn (f))			_	15			%
<u>16</u>	Public support percentage from 2015	Schedul	e A, Part	[[], lir	ne <u>15</u>						16			_%
Sec	ction D. Computation of Inves	tment	Incom	<u>e Pe</u>	rcentage	<u> </u>								
17	Investment income percentage for 20) 16 (line 1	10c, colu	mn (f)	divided by	line 1	3, colu	mn (f))			17			%
18	Investment income percentage from	2015 Sch	nedule A,	Part	III, line 17						18			%
19a	33 1/3% support tests - 2016. If the	organiza	ition did i	not ch	neck the bo	x on l	ne 14,	and line	15 is n	nore than	33 1/3%	, and line 1	7 is not	
	more than 33 1/3%, check this box ar	nd stop	here. The	e orga	anızatıon qu	alifies	asap	ublicly s	support	ed organi	zation			
b	33 1/3% support tests - 2015. If the	organiza	ition did i	not ch	neck a box	on line	e 14 or	line 19a	, and lii	ne 16 is m	ore than	33 1/3%, a	nd	
	line 18 is not more than 33 1/3%, che	ck this bo	ox and s	stop h	ere. The or	ganız	ation q	ualifies :	as a pui	blicly sup	oorted o	rganization		
20	Private foundation. If the organization	<u>in did not</u>	check a	box o	on line 14, 1	9a, o	r 19b, d	check th	ııs box a	and see ir	struction	ns		

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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
- 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)
- 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)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI
- c Did a disqualified person (as defined in line 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
- 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 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	3	1
1		
3a	. 263	<u>}</u>
3b		
3c		2
4a	Ž.	S.
4b		¥.
40		

5a 5b	3.04 ~ a .	L
5c		V 2000
7	<u>.</u>	
8 9a		Ž
9b	Sú	<u>. 1</u>
9c		Ž
10a	<u> </u>	
10a	<u> </u>	

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Sı	pporting	g Orga	anizations (continued)	1 0030	70 ± Page 7
Secti	ion D - Distributions				•		Curre	ent Year
1	Amounts paid to supported organizations to accomplish exe	mpt purpo	oses					
2	Amounts paid to perform activity that directly furthers exemp	ot purpose	s of suppo	rted		-		
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supp	orted organ	nization	s			· · ·
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	ne organız	ation is res	ponsive	•			
	(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							
		·	(i)		(ii)			(iii)
0 45	ton E. Michigantina Allegation (cont.)	Exces	s Distribut	ions	Underdistr	ibutions	Distr	butable
Secti	on E - Distribution Allocations (see instructions)				Pre-2	016	Amoun	t for 2016
1	Distributable amount for 2016 from Section C, line 6				(3 /4/4	7 100		
2	Underdistributions, if any, for years prior to 2016 (reason-		1420				W.	
	able cause required- explain in Part VI). See instructions		444					
3	Excess distributions carryover, if any, to 2016	11:3	. 1446		43	1 3/4	1 .	(42)
а		Sti.				:314	<u>}</u>	1 2 3
b		588.	3.4 (4.4		3 (2 / 2)	**(4.8.)	1 × ×	
С	From 2013	A44.	1,549		1 () () () () () () () () () (13.33	1	*/
d	From 2014	1421	488		23030000	2.84%	II.	1 (7.73)
	From 2015		. 34%	•	3.32.75	-2023		- X/4
f	Total of lines 3a through e				33.3	7489	11	3 4
	Applied to underdistributions of prior years	18381:	- \ };					
	Applied to 2016 distributable amount	EAST.	310		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		V.W.//. X	
	Carryover from 2011 not applied (see instructions)	1 (1 (1))	3 (6)	(, , ,	(}		. 184
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			i , <u></u>		7.	1988	
4	Distributions for 2016 from Section D,	1340			1			
	line 7 \$							
а	Applied to underdistributions of prior years		4.	1177		, <u>, , , , , , , , , , , , , , , , , , </u>	7, 74	
	Applied to 2016 distributable amount		Jan 1	1 1			68 (78	v
	Remainder Subtract lines 4a and 4b from 4				% ,	3.846.	. %	\$ 40
5	Remaining underdistributions for years prior to 2016, if	Tel	\$ \$20.000	*			······································	Y 4844
	any Subtract lines 3g and 4a from line 2. For result greater						`` `a ₂ >	
	than zero, explain in Part VI See instructions						Mi.	
6	Remaining underdistributions for 2016. Subtract lines 3h	11111	1.3	£ ;	* * 1/11 1	Ą		***************************************
-	and 4b from line 1. For result greater than zero, explain in	. 148:		, Y		4.		
	Part VI See instructions				3, 11			
	Excess distributions carryover to 2017. Add lines 3			W. Z (1000) 1		36 :	. 3-8 -8 -8 -8 -8	14
	and 4c							.5
		W Y		X	318		(1) (1) (1) (1) (1)	· ***
8		1 %,				,	1	5 #15"
	Breakdown of line 7	, 31	** **		* 1.1	. <u>.</u>	23334	27/2
a	Breakdown of line 7	, ,	(4)	27.	, 90.3.7			2/8
a b	Breakdown of line 7 Excess from 2013			27.				
a b c	Breakdown of line 7	, ,			, 90.3.7			

Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	THE SPRINGFIELD FO	UNDATION	31-6030764
Pa	rt I: Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		5 Simple to it also
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of user	143	(b) I didd and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	1,205,525.	
3	Aggregate value of grants from (during year)	1,147,982.	
4	Aggregate value at end of year	7,081,045.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	,	X Yes No
Pa	t II. Conservation Easements. Complete if the or	ganization answered "Ves" on Form 990. Part IV	/ line 7
1	Purpose(s) of conservation easements held by the organizati		,
•	Preservation of land for public use (e.g., recreation or e	·	la companyata at ta a di a cara
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a co	onservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements	_	2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased extinguished or terminated by the organ	
•	year ▶	cased, extinguished, or terminated by the organ	ization during the tax
4	Number of states where property subject to conservation eas	noment is leasted	
			
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense staten	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		,
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ad halance cheet works of art
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		public service, provide, in Part XIII,
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of public sei	rvice, 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 treat	asures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 1:		
а	Revenue included on Form 990, Part VIII, line 1	<u>.</u>	> \$
	Assets included in Form 990, Part X		\$
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2016
		· · · · · · · · · · · · · · · · · · ·	CONCERN D (1 OI III 000) 20 10

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Sche		INGFIELD FO					<u>31-60</u>	<u> 30764</u>	. Pa	ւge 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or O	ther S	imila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	a signi	ficant u	se of its o	ollection	items	
	(check all that apply)									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е	Other				_			
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's	exempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit of			-	mılar as	sets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the organization	n answered "Yes	" on Fo	rm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other assets	not incl	uded	_	_		,
	on Form 990, Part X?							Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table							
						\vdash		Amount		
	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1e				—
f 2-	Ending balance Did the organization include an amount on Fe	arm 000 Dart V Ima	01 fau agame au a.			1f	Γ Ψ	Yes	$\overline{}$	
2a h	If "Yes," explain the arrangement in Part XIII		•		•		LA	_ Yes	\mathbf{x}	No
	t V Endowment Funds. Complete								A	
	~ ~~*)	(a) Current year	(b) Prior year	(c) Two years ba		Three v	ears back	(e) Four	veare h	
1a	Beginning of year balance	29,401,886.	30,813,472.	29,897,12			40,238.		191,9	
ь	Contributions	1,458,223.	1,003,087.	580,7:			25,824.		454,8	
c	Net investment earnings, gains, and losses	1,894,745.	212,091.	2,067,8			82,155.		757,6	
d	Grants or scholarships	1,509,232.	2,133,868.	1,182,5			79,014.		401,8	
	Other expenditures for facilities						,			<u> </u>
_	and programs									
f	Administrative expenses	561,149.	492,896.	549,69	4.	6	72,077.		562,3	51.
g	End of year balance	30,684,473.	29,401,886.	30,813,47	72.		97,126.		440,2	
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as						
а	Board designated or quasi-endowment	23.15	%							
b	Permanent endowment	%	_							
С	Temporarily restricted endowment ▶7	6.85 <u>%</u>								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	id administered f	or the o	rganıza	tion	_		
	by								Yes	
	(i) unrelated organizations							3a(i)		<u> </u>
	(ii) related organizations							3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza	·						3b		
4	Describe in Part XIII the intended uses of the		vment funds							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered						- 1			
	Description of property	(a) Cost or ot	1 ' '		c) Accu		d	(d) Book	value	
		basis (investm	Dasis	(other)		ciation				
	Land			<u> </u>	7 A 1	\$4 ·				
	Buildings			0 220 -		1 47		4.0		
	Leasehold improvements			0,239.		$\frac{1,49}{0.36}$			74	
d	Equipment			6,650.	<u>8</u>	0,24	* T •	Т 6	,40	<u>y.</u>
_	Other						_ +-	2 E	1 6	
lotal	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part)	C. column (B), line 1	Oc.)				35	,15	<u> </u>

Schedule D (Form 990) 2016

	'IELD FOUNDATI	<u>ON</u>	31	<u>-6030764</u>	Page 3
Rart VII Investments - Other Securities.					
Complete if the organization answered "Yes"					<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation Cost or end	d-of-year market v	alue
(1) Financial derivatives					_
(2) Closely-held equity interests		<u> </u>			
(3) Other		<u> </u>			
(A) RREEF AMERICAN REIT	8,240,786.		EAR MARKET		
(B) HEDGE MUTUAL FUNDS	5,583,268.		YEAR MARKET		
(C) PRIVATE EQUITY	15,508,168.	END-OF-Y	EAR MARKET	VALUE	
(D)					
(E)		ļ <u></u>		 	_
(F)		ļ			
(G)		ļ. <u> </u>			
(H)	00 000	3/8%	**, 98 %,89 99 9		_
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	29,332,222.				i i Sili
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"					
(a) Description of investment	(b) Book value	(c) Method of	valuation Cost or end	d-of-year market v	alue
(2)					
(3)			us.		
(5)		-			
(7)					
(8)					
(9)	<u>.</u>	8/8	75 m. s. s	-	137
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Raît IX Other Assets.		\$ / \$!			ÿ
	E 000 B 1877	44.1.0 5 000	-		
Complete if the organization answered "Yes"		11d. See Form 990,	Part X, line 15	(h) Dl	
	Description			(b) Book va	iue
(1)					
(2)					
(3)			 -		_
(4)					
(5)					
(6)					
(7)					
(9)		_			
					
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15.)				
Complete if the organization answered "Yes"	on Form 990 Part IV line:	11a or 11f Son Form	m 000 Bort V line 25		
(a) Decomption of liability		(b) Book value	1 990, Fart A, line 23	2141035 5	* 465
(1) Federal income taxes		(a) Book value	1		Z . 7
(2) SPLIT INTEREST AGREEMENTS	PAYABLE	551,834.	1		
(3)		331,034.	1	Final L.	F I
(4)		 -			
(5)			1		
(6)					4
7)					

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

Schedule D (Form 990) 2016

(8)

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

551,834.

29

Schedule D (Form 990) 2016

2016.04020 THE SPRINGFIELD FOUNDATIO 40000011

632054 08-29-16

11130901 758050 4000001-526

Schedule D (Form 990) 2016	THE SPRINGFIELD FOUNDATION	31-6030764 Page 5
Part XIII Supplemental Inform	THE SPRINGFIELD FOUNDATION nation (continued)	
		
		
		
		

SCHEDULE (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

31-6030764

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 THE SPRINGFIELD FOUNDATION Part I ** General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

2 | X Yes 2 Describe in Part IV the organization's procedures for monitoring the use or grain terms or grains and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

(h) Purpose of grant or assistance	VARIOUS			154.
(g) Description of noncash assistance	2			
(f) Method of valuation (book, FMV, appraisal, other)				
(e) Amount of non-cash assistance	0			
(d) Amount of cash grant	2,429,891.			line 1 table
(if applicable)				janizations listed in the
(b) EIN				nd government org
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash grant	SEE ATTACHMENT VARIOUS VARIOUS, OH 00000			2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2016)

31-6030764

THE SPRINGFIELD FOUNDATION

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. Schedule I (Form 990) (2016)
Part III Grants and Other

(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 noncash assistance
ANNUITY	9	110,927.	0		
Part IV. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ured in Part I, lin	e 2, Part III, column ((b), and any other add	ditional information	
PART I, LINE 2:					
THE GRANTEE IS REQUIRED TO PROVIDE	AN INTER	AN INTERIM REPORT AND	⋖	FINAL REPORT	
WHICH IS EVALUATED TO MAKE SURE THAT	THE	GRANT IS BEI	BEING USED FOR	7 THE	
INTENDED PURPOSE. SITE VISITS ARE D	DONE ON A	RANDOM BASIS.	SIS. CHARITABLE	PABLE	
CHECKING AND DONOR ADVISED GRANTS A	ARE ONLY	PROVIDED T	TO QUALIFIED	501(C)(3)	
OR GOVERNMENT ORGANIZATIONS.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

Employer identification number

	THE SPRINGFI	BLD FO	UNDATION			31-6030764
Pai	rt l: 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 neash contribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications		· # : 4 :			
5	Clothing and household goods		. 1/47			
6	Cars and other vehicles		<u> </u>			
7	Boats and planes		i			
8	Intellectual property					
9	Securities - Publicly traded	X	31	1,201,866.	EXCH	ANGE VALUE
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests		<u></u>			
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 ()	<u> </u>				
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions		
	for which the organization completed Form 82	83, Part IV, [Donee Acknowledg	ement 29		
						Yes No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, tha	at it
	must hold for at least three years from the date	e of the initia	I contribution, and	which isn't required to be us	sed for	
	exempt purposes for the entire holding period	7				30a X
b	If "Yes," describe the arrangement in Part II					
31	Does the organization have a gift acceptance i	policy that re	quires the review o	of any nonstandard contribut	ions?	31 X
32a	Does the organization hire or use third parties contributions?	or related or	ganizations to solid	cit, process, or sell noncash		32a X
h	If "Yes," describe in Part II	-				
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column (a) is chec	ked.	
	describe in Part II.					
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).		Schedule M (Form 990) (2016)

Sched	<u>lule M</u>	(Form 99	<u>0) (201</u>	6) THE	SI	RINGFIELD	FOUNDATI	ON			<u>31-6030764 </u>	Page 2
Par	; ;,,,,	Supple	men	tal Infor	mat	ion. Provide the i	nformation require	d by Part I,	lines 30b,	32b, and 33, an	d whether the organiza	ition
		this part	for any	art i, colui , additiona	nn (¤ otni li	n, the number of comments of comments of the c	ontributions, the nu	imber of ite	ms receive	ed, or a compina	Ition of Doth Also com	piete
											·	
SCH	EDU:	LE M,	LI	NE 321	3:							
THE	FO	UNDAT	ION	USES	A	FINANCIAL	INSTITUTI	OT NO	SELL	DONATED	SECURITIES	
	a											
<u>T.L.</u>	REC.	EIVES	•									
			_								·	
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								 -				

Schedule M (Form 990) (2016)

632142 08-23-16

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

OMB No 1545-0047 16 Inspection .

Name of the organization

THE SPRINGFIELD FOUNDATION

Employer identification number 31-6030764

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HEALTH SERVICES AND ENHANCEMENT OF CHILDREN'S LIVES.
FORM 990, PART VI, SECTION B, LINE 11B:
COPY OF THE 990 IS E-MAILED OR MAILED TO EACH BOARD MEMBER FOR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD COMPLETES NEW CONFLICT OF INTEREST FORMS EACH DECEMBER. THE
DISTRIBUTION COMMITTEE WILL REVIEW THEM BEFORE THE GRANT PROCESS AND ANY
MEMBER WITH A CONFLICT OF INTEREST WILL ABSTAIN FROM VOTING.
FORM 990, PART VI, SECTION B, LINE 15:
EXECUTIVE COMMITTEE DECIDES THE EXECUTIVE DIRECTOR'S SALARY.
EXECUTIVE COMMITTEE APPROVES PERCENTAGE THE DIRECTOR GIVES TO OTHER
EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 18:
COPIES ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE INCLUDED IN
THE ANNUAL REPORT.
HODY OOD DADE UT GEGETON G. LINE 10.
FORM 990, PART VI, SECTION C, LINE 19:
COPIES ARE AVAILABLE UPON REQUEST.
FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED.

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

Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

2016

OMB No 1545-0047

Open to Public Inspection

Employer identification number 31-6030764

THE SPRINGFIELD FOUNDATION Name of the organization

Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33

Parti

Direct controlling THE SPRINGFIELD entity 0. FOUNDATION End-of-year assets <u>e</u> 。 Total income Legal domicile (state or foreign country) OHIO TO SELL REAL ESTATE DONATED Primary activity TO THE SPRINFIELD FOUNDATION THE SPRINGFIELD FOUNDATION REALTY ONE, LLC -26-3766698, 333 N. LIMESTONE ST., SUITE 201, Name, address, and EIN (if applicable) of disregarded entity SPRINGFIELD, OH 45503

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

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

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

632161 09-06-16 LHA

Schedule R (Form 990) 2016

31-6030764

Page 2

Schedule R (Form 990) 2016 THE SPRINGFIELD FOUNDATION

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

Dart.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 as a corporation or trust during the tax year

									_		_				
	€	512(b)(13)	trolled trty?	Yes				_	L				L		
		512	e Go	Yes	L		L						L	_	_
	Ξ	Percentage	ownership												
	(6)	Share of	end-of-year												
	£	Share of total	псоте												
	(e)	Type of entity	(C corp, S corp,	, , , , ,											
	(0)	Direct controlling Type of entity	entity												
	(၁)	Legal domicile	(State of foreign	country)											
	(<u>a</u>)	Primary activity													
	(a)	Name, address, and EIN	or related organization										i		

Schedule R (Form 990) 2016

Page 3

38

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.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes
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?	s with one or more re	lated organizations listed i		を かん かん かん かん かん かん かん かん かん かん かん かん かん
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity	`			19
b Gift, grant, or capital contribution to related organization(s)				1b
c Gift, grant, or capital contribution from related organization(s)				10
d Loans or loan guarantees to or for related organization(s)				1d
e Loans or loan guarantees by related organization(s)				4
f Dwidends from related organization(s)				
g Sale of assets to related organization(s)				19
h Purchase of assets from related organization(s)				th.
i Exchange of assets with related organization(s)				;=
j Lease of facilities, equipment, or other assets to related organization(s)				1j
			•	
k Lease of facilities, equipment, or other assets from related organization(s)				¥
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n
o Sharing of paid employees with related organization(s)				10
				2 · · · · · · · · · · · · · · · · · · ·
p Reimbursement paid to related organization(s) for expenses			4	
q Reimbursement paid by related organization(s) for expenses				19
r Other transfer of cash or property to related organization(s)				
s Other transfer of cash or property from related organization(s)				1s
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete th	is line, including covered r	elationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	pen
	type (a-s)			
(1)				
(6)				
(4)				
(5)			1	
(9)				ii
632163 09-06-16			Schedule R	Schedule R (Form 990) 2016

Page 4

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

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	tructions regarding exclus	ion for certain inve	stment partnerships.							
(a)	(q)	(c)	(p)	(e) (e) (e) (e) (e) (e) (e) (e) (e) (e)	£	(6)	Ξ	8	(1)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income par (related, unrelated, 50	3 partners sec 501(c)(3)	Share of total	Share of	Dispropor- tronate	Dispropor- Code V-UBI General or Percentage Lonale amount in box 20 managing courseshing	General or managing	Percentage
		country)	excluded from tax under sections 512-514) Ye	Yes No	income	assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
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Schedule R (Form 990) 2016

Schedule R	(Form 990) 2016	THE SPRINGFIE	LD FOUNDATION	31-6030764	Page 5
Part VII	(Form 990) 2016 Supplemental Infor	rmation.			
· Navigoranii / Acade Ar	Provide additional inform	action for roomanage to guart	tions on Schedule R See instructions.		
	Provide additional inform	lation for responses to quest	tions on Schedule R. See Instructions.		
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