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# **Return of Organization Exempt From Income Tax**

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

, 2016, and ending

, 20

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

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

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

B Check if applicable			C Name of organization									D Employer Identification number										
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-	returi			CLEVELAND, OH 44114									_	G Gross receipts \$ 15,055,078.								
	pend		F Name and address of principal officer LIZANNE THOMAS  1420 PEACHTREE ST. NE # 800 ATLANTA, GA 30309										-   "		ordinate			Yes	X No			
			14	20	PEACHTE	EE	ST. NE	# 80	00 A:	LLANI	'A,_	GA 303	309			∺	H(b) Are all subordinates included? Yes No					
<u> </u>	Tax-ex	empt st	atus	X	501(c)(3)		501(c) (	) ◀	(ınse	rt no )		4947(a)(1	) or		527		If "	No," atta	ich a list	t (see instruc	tions)	
J	Websi										(c) Gro	oup exen	nption n	umber 🕨								
K	Form	of organ	ization	X	Corporation		Trust	Associa	ation	Othe	r 🕨			L Ye	ar of form	ation	19	87 <b>M</b>	State	of legal do	micile	ОН
P	art I	Su	mmar	y																		
					he organiza	tion's	mission (	or most	signific	ant acti	vities	TO MA	KE	CON	TRIBU	JTI	ONS	TO S	SELE	CTED		
ø.		1 Briefly describe the organization's mission or most significant activities TO MAKE CONTRIBUT CHARITABLE ORGANIZATIONS.																				
SE SE										·												
Governance			Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets																			
Š	2																		1 1			12.
	3				members														3			
ŝ	4				endent votır														4			12.
Activities &	5	Total	numbei	r of 1	ndıvıduals (	emplo	yed in cal	endar y	ear 201	16 (Part	V, lır	ne 2a).   .							5			0.
흦	6	Total i	numbei	r of v	volunteers (e	estima	te if neces	ssary)											6			19.
ĕ	7a				usiness rev														7a			0.
	1				siness taxa														7b			0.
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_	8	Contri	butions	sano	d grants (Pa	rt VIII	line 1h)										3,70	00,00	00.	15,	031,	000.
Revenue	9	Program service revenue (Part VIII) Inte 29												0.								
ě	10	Invest	3111 361	VICE I					 7					• •	• •			7,1	78		24.	078.
ಹಿ	10	invest	menti	ncorr	PHar OI	- GOU	nn (A), III	1es 3, 4,	and /	٦)	• • •				··├─				0.			0.0.
		Other	revell	ie ( <del>I</del>	art-VIII, co	ūmn (	A), lines 5	00 8c	, 9c, 10	oc, and	11e)				· ·		2 7/	07,1		1 5	055,	
	12				dd lines 8 t															<del></del>		
	13				ar amounts												2,20	02,3		4,	218,	
	14	Benef	its pal	1,19	or for memb	ers.(P	āα1χ‱́⊙̄ј	មាំកាំកី (A)	, line 4	)									0.			0.
S	15	Saları	es, oth	er cc	in pensatio	땯	oloyee ber	nefits (P	art IX,	column	(A), I	lines 5-10)	٠		L_				0.			0.
nse	16a	Profes	ssiona	func	traising fees	(Part	IX, colum	n (A), li	ne 11e	<del>:</del> )									0.			0.
Expenses	b				expenses (						•		0.									
ũ	17		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)										72,314.					962.				
	18											2,2	74,6	79.	4,	219,	747.					
	19									1,432,499.					331.							
- S		Kever	evenue less expenses Subtract line 18 from line 12						Be	alnni		Current			of Yea							
its c	20	<b>-</b>		, D	v											٠٠٠٠١١		27,8				149.
SSE	20	Total a	assets (	(Part	X, line 16)										· ·		3,0,	_ , , 0	0.	13,	100,	0.
Z Z	21 22	Total I	liabilitie	es (P	art X, line 2	6)									· ·		1 6	27 0		1 1	162	
		Net as	ssets o	r fun	d balances	Sub	ract line 2	1 from I	ine 20.		••	<del></del>	<u></u>	<u> </u>	<u> l _ </u>		4,6	27,8	18.	15,	463,	149.
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Un	der per	nalties o	of perjur	y, Id	leclare that I	have	examined t	his retur	n, inclu	ding acc	ompa	anying sche	dules	and s	tatements	s, an	d to th	e best	of my	knowledge	and be	tief, it is
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Sig			Signatu	re of	officer													Date				
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May	the I	RS dis	cuss th	ns re	eturn with th	ne pre	parer show	wn abov	e? (see	e instruc	ctions	s)	<u> </u>	<u> </u>	<u></u> .	<u>.</u> .	<u></u>		<u></u>			X No
For	Pape	rwork	Reduc	tion	Act Notice	, see 1	he separa	ate instr	uction	s.										For	m <b>990</b>	(2016)

	n 990 (2016) Pag
L K	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission
	ATTACHMENT 1
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other total expenses, and revenue, if any, for each program service reported.
4a	(Code ) (Expenses \$ 1,000,000 including grants of \$ 1,000,000 ) (Revenue \$ )
	WE CONTRIBUTED TO THE CLEVELAND CLINIC FOUNDATION TO HELP FUND THE
	CONSTRUCTION OF A NEW CANCER TREATMENT FACILITY.
4b	(Code ) (Expenses \$ 283,145 including grants of \$ 283,145. ) (Revenue \$ )
	WE CONTRIBUTED TO LE CHEMIN DE PIERRE TO HELP FUND A GROUP HOME
	FOR THOSE AFFECTED BY AUTISM.
_	
C	(Code ) (Expenses \$ 253,233 including grants of \$ 253,233 ) (Revenue \$ )
	WE CONTRIBUTED TO THE AMERICAN BAR ASSOCIATION FUND FOR JUSTICE
	AND EDUCATION TO HELP DEVELOP AN ONLINE PLATFORM TO LINK LEGAL
	RESOURCES TO VETERANS AROUND THE COUNTRY.
d	Other program services (Describe in Schedule O )
_	(Expenses \$ 2,682,407. including grants of \$ 2,682,407.) (Revenue \$ )
ŀе	Total program service expenses ► 4,218,785.

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
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)			l
	election in effect 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 98-19? If "Yes," complete Schedule C,			
	Part III	5		<u>X</u>
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	!		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			١.,
	endowments, permanent 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,	1		
	VII, VIII, IX, or X as applicable	- 44.	200	· L '
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		İ	, ,
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		}	\ ,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<del> </del>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ.—	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII.	12a		<u>  ^ </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401	ŀ	x
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	<del> </del>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del> </del>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del> -	\ <u>``</u>
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	Ì	1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b	×	1
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140	<u>├</u> ^	<del>                                     </del>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15	×	
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	13	<del> </del>	<del> </del>
10		16	ļ	x
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10	<del>                                     </del>	+
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17	1	x
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<del>'''</del>		<del>  ``</del>
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		x
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10	<del> </del>	+~
13	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		x
	n 165, complete ochedule o, rait III	1 · · · ·	990	

Part	Checklist of Required Schedules (continued)	—-т		
			Yes	No_
20 a	, , , , , , , , , , , , , , , , , , , ,	20a	}	
	,	20b		
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		ł	v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	- (		i
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	.	}	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	245	Ì	x
	through 24d and complete Schedule K If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	i	
	to defease any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
29 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	204		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ĺ
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
-0	current or former officers, directors, trustees, key employees, highest compensated employees, or			l
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			}
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			}
	complete Schedule N, Part II	32		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	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		1	ļ ,,
	or IV, and Part V, line 1	34	ļ	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	l	ì	ł
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		X
	Part VI School of Control of		<del> </del>	<del>  ^</del>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		×	1
	19? Note. All Form 990 filers are required to complete Schedule O	38	000	<u> </u>

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .	· • • •			
			Yes	No		
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable					
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1	ł	Ì		
	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?	1c				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	. 1	,	, !		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<del></del>	<del></del>		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	استفدا	[نسنگ			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					
	account)?					
þ	of If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts					
	(FBAR)	5a		X		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		$\frac{1}{X}$		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
0 a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х		
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or					
U	gifts were not tax deductible?	6b		ŀ		
7	Organizations that may receive deductible contributions under section 170(c).	W. 1	·*			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	1. 2	5		
	and services provided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1		
	required to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year		2 .	. 2.		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<b>_</b>	Х		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del> </del>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1 2/			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	12.		. ************************************		
	sponsoring organization have excess business holdings at any time during the year?	8	s • ν.	184		
9	Sponsoring organizations maintaining donor advised funds.	I .	7.77	- W.		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<del> </del>	<del> </del>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1 57		
10	Section 501(c)(7) organizations. Enter	1.	# 5º			
	Initiation fees and capital contributions included on Part VIII, line 12	٠,٠٠٠		(**)		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł ,	, .	1		
11	Section 501(c)(12) organizations. Enter		]	) "		
	Gross income from members or shareholders	1	٠,٠			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		1	1		
	against amounts due of received moin them j	12a				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes " enter the amount of tax-exempt interest received or accrued during the year	120	<del>                                     </del>	<del> </del>		
	Tres, effect the amount of tax exempt interest received of accided during the year.	1				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	t	<del></del>		
a	Is the organization licensed to issue qualified health plans in more than one state?	1.00	1	$\vdash$		
h	Note. See the instructions for additional information the organization must report on Schedule O		[			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	1	1			
c	Enter the amount of reserves on hand	1.	1_			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14b		1		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.S.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
0000	ION A. COVERING BODY and management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 12			7
ı a	If there are material differences in voting rights among members of the governing body, or if the governing	l		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	,		1
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 12	1		, ,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	* *		
2	any other officer, director, trustee, or key employee?	2		X
•	Did the organization delegate control over management duties customarily performed by or under the direct			<del></del>
3		3		Х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х
	one or more members of the governing body?	, a		-
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
_	stockholders, or persons other than the governing body?		, v	14.
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		17.7	1 /1
	the year by the following		X	11 Sept 12
	The governing body?	8a 8b	-1.	$\frac{1}{x}$
	Each committee with authority to act on behalf of the governing body?	- 00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9	Х	
Cook	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			L
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cour	Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	Iva		
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	40h		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	<del> </del>
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	<del></del>		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-	1 .	J
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	405	X	
	rise to conflicts?	12b	_^_	┼
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.0	v	
	describe in Schedule O how this was done	12c	X	X
13	Did the organization have a written whistleblower policy?	13	<del>                                     </del>	1
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	) 	, j63	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Pr ii ad	1. 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)	Ĭ,		, M.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		<u> </u>	- ~ <del>"</del>
	with a taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	3,3000	1	:
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	3	* 4	
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u>L</u>
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OH,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3):	s only
	available for public inspection. Indicate how you made these available. Check all that apply			
	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 int	erest	polic	y, and
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record PAUL A. GRATER 901 LAKESIDE AVE CLEVELAND, OH 44114	ls ▶		
	PAUL A. GRATER 901 LAKESIDE AVE CLEVELAND, OH 44114 216-586-7028			
JSA		Form	1990	(2016

Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors** 

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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	box, office	Pos do not check box, unless pe officer and a d			c) sition compensated compensa		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	line)	trustee or	nal trustee		оуее	mpensated				organizations
(1)LIZANNE THOMAS	1.00	'								
PRESIDENT/TRUSTEE	0.	х		Х			İ	0.	0.	0.
(2)MARY ELLEN POWERS	.50					<u> </u>	$\vdash$			
VICE PRESIDENT/TRUSTEE	0.	Х	] ]	Х	}	}	ļ	0.	0.	0.
(3)ROBERT L. THOMSON	.50									
TRUSTEE	0.	Х						0.	0.	0.
(4)GREGORY M. SHUMAKER	.50	i								
TRUSTEE	0.	Х				i		0.	0.	, 0.
(5)LUIS RIESGO	.50									
TRUSTEE	0.	Х	1			(	ĺ	0.	0.	0.
(6)MARCO LOMBARDI	.50				Γ_					
TRUSTEE	0.	x	ļļ				ŀ	0.	0.	0.
(7)CHRISTOPHER LOVRIEN	.50						1			
TRUSTEE	0.	X				1		0.	0.	0.
(8)JOHN R. PHILLIPS	.50									
TRUSTEE	0.	1 x						0.	0.	0.
(9)PETER J. WANG	.50									
TRUSTEE	0.	X	) }					]0.	0.	0.
(10)KEVYN ORR	.50									
TRUSTEE	0.	X				<u> </u>	_	0.	0.	0.
(11)SOPHIE HAGEGE	.50					1				
TRUSTEE	0.	X				<u> </u>		0.	0.	0.
(12)TINA TABACCHI	.50									
TRUSTEE	0.	_ x_			L			0.	0.	0.
(13) PAUL A. GRATER	2.00									
TREASURER	0.	<u></u>		Х			_	0.	0.	0.
(14)ELENA KAPLAN	2.50									
SECRETARY	0.			Х				0.	. 0.	0.

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Form 990 (2016)

·	_	o
ao	е	0

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and F	ligl	nest Compensat	ed Employe	es (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson	o of the state of	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensation related organization (W-2/1099-N	n from ons	(F) Estimated amount of other compensation from the organization and related organizations
			-								-
		-									
					-						
~			-		-					<u></u>	<b></b>
~			-		-	 					
				-	-		$\vdash$				1
					-						
					-	-	-				
	<del> </del>		-	-			-				
				-	-	<del> </del>	-				
1b Sub-total	<u>L</u>	<u> </u>	<u>_</u>	<u> </u>	<u> </u>	<u> </u>	_	0.		0.	0
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .						<b>&gt;</b>	0	<del></del>	0.	0
Total number of individuals (including but not reportable compensation from the organization)	limited to		liste				o re	eceived more than	\$100,000 o	f	
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched	cer, directo	or, oi	r tr	lual							Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater thar	n \$1	50,0	000	? /:	f "Yes	n a s," 	nd other compen complete Schedu	sation from ule J for s	the uch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X
Section B. Independent Contractors	,										
Complete this table for your five highest concompensation from the organization. Report year.	npensated compensat	indep	end r the	ent e ca	cor alen	itracto dar ye	ors ear	that received more ending with or wit	e than \$100 hin the orga	,000 ( nizatio	of on's tax
(A) Name and business ad	dress							(B) Description of s	ervices	(	(C) Compensation
NONE NONE							-				
							Ŧ				
											<del></del>
2 Total number of independent contractors (i							se	listed above) who	received	, *	

	-	Check if Schedule O contains a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ifts, Grants ir Amounts	b c	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Polited organizations 1d			, - <sub>1</sub> ,		
Contributions, Gifts, Grants and Other Similar Amounts	е	Related organizations	15,031,000				
	h h	Total. Add lines 1a-1f	Business Code	15,031,000	1 2 6 2		
Program Service Revenue	2a b c d						
Progr	f g	All other program service revenue L		0	# 1	) 3. <u>* * '. (</u>	* A & B !!
	3	Investment income (including dividend and other similar amounts). ATTACHMENT Income from investment of tax-exempt bond	.2▶ proceeds .▶	24,078			24,078
	5	Royalties	(II) Personal	14. 1. 1. 1/4 1/4			
	6a b c	Cross rents					
	d 7a	Net rental income or (loss)	(II) Other				
	b c	and sales expenses Gain or (loss)					
enne	d 8a	Net gain or (loss)					
Other Reven	h	of contributions reported on line 1c)  See Part IV, line 18	0	<b>−1</b> 7			
0	c 9a	Net income or (loss) from fundraising events.  Gross income from gaming activities	<u>►</u>				
	ь		0		0	and a supply of the supply of	
	10a		0	*	, ^-	,	î.
	b	Less cost of goods sold b  Net income or (loss) from sales of inventory	<u> ▶</u>		0		
		Miscellaneous Revenue	Business Code				
	11a						
	b						_
	d	All other revenue			0		
	е		💆	15,055,07			24,078
	12	Total revenue. See instructions	<u> </u>	13,033,07	<del></del>		Farm 990 (201)

JSA 6E1051 1 000 Part IX Statement of Functional Expenses

Sec	ction 501(c)(3) and 501(c)(4) organizations mus	t complete all columns	All other organization	ns must complete colu	mn (A)							
	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 7b, 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	3,634,603.	3,634,603.									
2	Grants and other assistance to domestic											
	individuals See Part IV, line 22	0.										
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign			1								
	individuals See Part IV, lines 15 and 16	584,182.	584,182.									
4	Benefits paid to or for members	0.			<del></del>							
5	Compensation of current officers, directors,		}									
	trustees, and key employees	0.										
6	Compensation not included above, to disqualified			ľ								
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	0.	<del></del>		<del></del>							
7	Other salaries and wages	0.			<del></del>							
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)	0.										
9	Other employee benefits	0.	<del></del>	<del></del>								
10	Payroll taxes			<del></del>	<del></del>							
	Fees for services (non-employees)	0.	{									
	Management	0.	<del></del>									
	Legal	0.		<del></del>								
	Accounting	0.										
	Lobbying	0.	<del></del>									
	Professional fundraising services See Part IV, line 17.	0.1	<del></del>									
	Investment management fees	<del></del> †										
g	Other (If line 11g amount exceeds 10% of line 25, column	0.	1									
12	(A) amount, list line 11g expenses on Schedule O)	0.		<del></del>								
13	Advertising and promotion	0.										
14	Information technology	0.										
15	Royalties	0.										
	Occupancy	0.										
	Travel	0.										
	Payments of travel or entertainment expenses											
-	for any federal, state, or local public officials	0.										
19	Conferences, conventions, and meetings	0.										
	Interest	0.										
	Payments to affiliates	0.										
	Depreciation, depletion, and amortization	0.										
	Insurance	0.										
	Other expenses Itemize expenses not covered											
	above (List miscellaneous expenses in line 24e If	Í		ļ								
	line 24e amount exceeds 10% of line 25, column											
	(A) amount, list line 24e expenses on Schedule O)											
_	FILING FEE	200.		200.								
b	BANK FEES	762.		762.								
c				·· <del>-</del>								
d	·											
е	All other expenses											
	Total functional expenses Add lines 1 through 24e	4,219,747.	4,218,785.	962.								
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	1	ļ									
	from a combined educational campaign and											
	fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)	0.										
	15.15.1.1.1g 001 00.2 (1.00 000-120)	0.1	i	l l								

•		JONES DAY FOUNDATION		34-1	1570455
_	990 (2				Page <b>11</b>
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X	<del></del>	X
			(A) Beginning of year	ļ	(B) End of year
$\neg$	1	Cash - non-interest-bearing	0.	1	0.
ľ	2	Savings and temporary cash investments	4,627,818.	2	15,463,149.
}	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
ļ	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees		.	
1		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.		0.
2	7	organizations (see instructions) Complete Part II of Schedule L		<b>├</b>	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
۲		Inventories for sale or use	0.		0.
-	9	Prepaid expenses and deferred charges	<del></del>	<del>-9</del>	
- {	iva	Land, buildings, and equipment cost or		1	
J		other basis Complete Part VI of Schedule D	0	10c	0.
- {		Less accumulated depreciation		11	0.
-	11	Investments - publicly traded securities		12	0.
1	12 13	Investments - other securities See Part IV, line 11		13	0
1		Investments - program-related See Part IV, line 11		14	0
	14 15	Intangible assets		15	0
1	16	Other assets See Part IV, line 11	4,627,818.		15,463,149.
+	17	Total assets. Add lines 1 through 15 (must equal line 34)	0.		0
Ì	18	Accounts payable and accrued expenses		18	0
-	19	Grants payable		19	0
١	20	Deferred revenue		20	0
-	21	Tax-exempt bond liabilities		21	0
,	22	Loans and other payables to current and former officers, directors,			
5		trustees, key employees, highest compensated employees, and		1	
Liabilities		disqualified persons Complete Part II of Schedule L	0.	22	0
2	23	Secured mortgages and notes payable to unrelated third parties	0.		0
-	24	Unsecured notes and loans payable to unrelated third parties	0.		0
1	25	Other liabilities (including federal income tax, payables to related third			
-		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	0.	25	0
-	26	Total liabilities. Add lines 17 through 25	0.	<del>  </del>	0
3	<u></u>	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
<u>ا</u> څ	27	Unrestricted net assets	4,607,831.	27	15,443,162.
ğ	28	Temporarily restricted net assets	19,987.	28	19,987.
2	29	Permanently restricted net assets	0.	29	Ó
5		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34			
2	30	Capital stock or trust principal, or current funds		30	
U I	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
2	32	Retained earnings, endowment, accumulated income, or other funds	<del></del>	32	
Y YSS	32				
Net Assets or Fund Balances	32 33	Total net assets or fund balances	4,627,818.	33	15,463,149.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

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

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2016)

3a

3b

Χ

# SCHEDULE A

# **Public Charity Status and Public Support**

(Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public

Department of the Treasury ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990. Internal Revenue Service Inspection Name of the organization Employer Identification number JONES DAY FOUNDATION 34-1570455 Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) Name of supported organization (ii) FIN (III) Type of organization (IV) is the organization (v) Amount of monetary (VI) Amount of (described on lines 1-10 support (see other support (see listed in your governing instructions) above (see instructions)) instructions) document? Yes No (A) (B) (C) (D)

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

Schedule A (Form 990 or 990-EZ) 2016

(E)

Total

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) Part II

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,013,665	1,643,431	2,410,000.	3,700,000	15,031,000	26,798,096
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	4,013,665.	1,643,431	2,410,000	3,700,000.	15,031,000	26,798,096
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)					-	0
6	Public support. Subtract line 5 from line 4						26,798,096
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	4,013,665	1,643,431	2,410,000	3,700,000	15,031,000	26,798,096
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	13,898	8,999.	4,317	7,178.	24,078	58,470
9	Net income from unrelated business activities, whether or not the business is regularly carried on				<u> </u>		0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support Add lines 7 through 10		<u> </u>				26,856,566
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>	<u></u>				
Sec	tion C. Computation of Public Sup	· · · · · · · · · · · · · · · · · · ·	<del></del>				
14	Public support percentage for 2016 (li					14	99.78%
15	Public support percentage from 2015					15	99.68%
16a	331/3% support test - 2016. If the c	organization did	not check the	box on line 13.	, and line 14 is	331/3% or mor	e, check
	this box and stop here. The organizati						
b	331/3% support test - 2015. If the	-					1 1
	check this box and stop here. The org	•	• •				
17a	10%-facts-and-circumstances test - :						
	10% or more, and if the organization						
	Part VI how the organization meets organization			-			upported -
ь	10%-facts-and-circumstances test						and line
~	15 is 10% or more, and if the organization		•				
	Explain in Part VI how the organizati						
	supported organization						
18	Private foundation. If the organization						
-	instructions						- 1

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)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						<u> </u>
2	Gross receipts from admissions, merchandise			[		ļ	Ì
	sold or services performed, or facilities			[		{	
	furnished in any activity that is related to the					,	ļ
	organization's tax-exempt purpose						<del> </del>
3	Gross receipts from activities that are not an				ł	l	1
	unrelated trade or business under section 513 .					ļ	<u> </u>
4	Tax revenues levied for the						ĺ
	organization's benefit and either paid		j	}		j	j
	to or expended on its behalf				<u> </u>		<del></del>
5	The value of services or facilities		ļ	ļ			}
	furnished by a governmental unit to the						
	organization without charge						<del> </del>
6	Total. Add lines 1 through 5					ļ	<del> </del>
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons			<del>                                     </del>		<del>}</del>	<del> </del>
_	received from other than disqualified		i		ļ		
	persons that exceed the greater of \$5,000			1		1	
	or 1% of the amount on line 13 for the year	<del></del>		<del> </del>			
	Add lines 7a and 7b						<del></del>
8	Public support. (Subtract line 7c from		Į		1		
Sac	tion B. Total Support		<u> </u>	<del></del>	<u> </u>	<u> </u>	<del></del>
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(4) - 3 - 1	(4) =	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>	<del> </del>
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				<u> </u>		<u> </u>
С	Add lines 10a and 10b				<u> </u>		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	•	-				
	carried on		<u> </u>	<del></del>	<u> </u>	<del>                                     </del>	<del></del>
12	Other income Do not include gain or					j	1
	loss from the sale of capital assets			1	}	+	<b>A</b>
	(Explain in Part VI)		<u> </u>	-	<del> </del>		<del></del>
13	Total support. (Add lines 9, 10c, 11,			1		1	1
	and 12)		<u> </u>	<u> </u>	<u> </u>	_ <del></del>	
14	First five years. If the Form 990 is f						1 1
800	organization, check this box and stop here			• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · ·	<u> </u>	
15	tion C. Computation of Public Sup Public support percentage for 2016 (line 8)			ımp /f\\		15	<u></u> %
16	Public support percentage from 2015 Sche	• •	•				<del>%</del>
	tion D. Computation of Investmen			• • • • • • • • • •	· · · · · · · · · · ·	110	70
17	Investment income percentage for 2016 (III			13 column (f))		17	%
18	Investment income percentage for 2015					18	<u> </u>
	331/3% support tests - 2016. If the org						
	17 is not more than 331/3%, check th						
b	33 1/3 % support tests - 2015. If the orga						
_	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						
ISA	<del></del>						990 or 990-EZ\ 2016

PAGE 15

# 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)

CCLI	on A. All Supporting Organizations		-	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation if historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		ļ 1
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		┼
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	96		
С	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 <b>Part VI.</b>	9c		
0 a	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	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10Ь		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI) See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Section	ns A through E
Section A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income		(A) FIIOI Teal	(optional)
1 Net short-term capital gain	11		
2 Recoveries of prior-year distributions	2		<u> </u>
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		<u> </u>
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1 1		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		<u> </u>
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			(6/2000000)
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		<del></del>
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			<del></del>
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		<del></del>
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	<del>                                     </del>		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<del> </del>
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		<del></del>
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	<del></del>	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<u> </u>	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		<del> </del>
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1-		<del> </del>
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional		ated Type III supporting	g organization (see
instructions)	, miegi	atou Type in Supportin	g organization (see

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 2 (reasonable cause required-explain in Part VI) See instructions Excess distributions carryover, if any, to 2016 þ From 2013. . . . . . . . . . . C From 2014. . . . . . . d From 2015. . . . . . . Total of lines 3a through e Applied to underdistributions of prior years Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D, line 7 Applied to underdistributions of prior years Applied to 2016 distributable amount Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017 Add lines 31 and 4c Breakdown of line 7 а Excess from 2013. . . . b

Schedule A (Form 990 or 990-EZ) 2016

Excess from 2014....
Excess from 2015....
Excess from 2016....

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV. Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)

SUPPLEMENTAL INFORMATION #1

FORM 990, SCHEDULE A, PART II, LINE 5 UNDER IRS REGULATION SECTION 1.703-1(A)(2)(IV) THE AMOUNTS CONTRIBUTED BY JONES DAY, A PARTNERSHIP, HAVE BEEN ALLOCATED TO EACH PARTNER IN THE PARTNERSHIP. NONE OF THE PARTNERS' AGGREGATE SHARE OF THE CONTRIBUTIONS EXCEEDS 2% OF THE AMOUNT SHOWN ON LINE 11, COLUMN (F) OF SCHEDULE A (FORM 990) PART II.

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## SCHEDULE F (Form 990)

# Statement of Activities Outside the United States

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer Identification number

JONES DAY FOUNDATION 34-1570455 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the X Yes grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total expenditures for and investments offices in the employees, region (by type) (such as, a program service, describe specific type of fundraising, program services, investments, grants to recipients region agents, and independent service(s) in the region in the region contractors located in the region) in the region (1) EUROPE GRANTMAKING 487,633 (2) EAST ASIA AND THE PACIFIC GRANTMAKING 96,550 (3) (4) (5) (6) \_(7) (9) <u>(10)</u> (11) (12)(13)(14) (15) (16)(17)584,183 3a Sub-total...... b Total from continuation

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

sheets to Part I . . . . . . .

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2016

584,183

Schedule F (Form 990) 2016

Page 2

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(I) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	SEE PART V	87,500.	EFT			
(2)		EA	EAST ASIA/PACIFIC	SEE PART V	27,080	EFT			
(3)			EUROPE/ICELAND/GREENLAND	SEE PART V	283,145	EFT			
(4)		12.	EUROPE/ICELAND/GREENLAND	SEE PART V	16,987.	EFT			
(5)			EUROPE/ICELAND/GREENLAND	SEE PART V	100,000	EFT			
(9)			EAST ASIA/PACIFIC	SEE PART V	69,410	EFT			
(2)	\$								
(8)		": ",							
(6)								,	' :
(10)									
(11)	· · · · · · · · · · · · · · · · · · ·								
(12)									
(13)		***************************************							
(14)		> 30 c							
(15)						-			
(46)									

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

Schedule F (Form 990) 2016

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34-1570455

Schedule F (Form 990) 2016

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash	(f) Amount of noncash	(g) Description of noncash	(h) Method of valuation
				מומחממומוו	assistance	20181668	appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(4)							
(8)							
(6)							
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(14)							:
(12)							
(13)							
(14)							
(15)							
(5)							:
(12)							
(40)							
(10)						Sch	Schedule F (Form 990) 2016

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

Schedule F (Form 990) 2016

# Part V

Supplemental Information

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

### SCHEDULE F

THE FOUNDATION APPROVES GRANTS LOCATED OUTSIDE THE U.S. ON A REQUEST BY REQUEST BASIS OR, IN THE CASE OF DISASTER RELIEF, AS DETERMINED BY THE TRUSTEES. THE FOUNDATION CONFIRMS THE CHARITABLE PURPOSE OF THE GRANT AND REQUIRES THE DONEE TO CERTIFY THE FUNDS WILL BE USED IN COMPLIANCE WITH ALL APPLICABLE LAWS AND TO PROVIDE PERIODIC REPORTS.

## SCHEDULE F

PART II, LINE 1(1) - SUPPORT FOR THE THE INTERNATIONAL CONFERENCE IN SAO PAULO, BRAZIL AND STANFORD UNIVERSITY.

## SCHEDULE F

PART II, LINE 1(2) - SUPPORT TO PROVIDE ASSISTANCE TO ASYLUM SEEKERS, REFUGEES, AND EFFORTS TO COMBAT HUMAN TRAFFICKING.

## SCHEDULE F

PART II, LINE 1(3) - FUNDING FOR A GROUP HOME FOR THOSE AFFECTED BY AUTISM.

## SCHEDULE F

PART II, LINE 1(4) - SUPPORT TO COVER THE EXPENSES FOR AN ENTREPRENEURSHIP PROGRAM FOR AT RISK YOUTHS.

Part V **Supplemental Information** 

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

SCHEDULE F

PART II, LINE 1(5) - SUPPORT TO PROVIDE HOUSING FOR THE HOMELESS IN

FRANCE.

SCHEDULE F

PART II, LINE 1(6) - SUPPORT TO FURTHER STUDY RULE OF LAW.

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

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

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

2016	
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OMB No 1545-0047

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

Open to Publi

General Information on Grants and Assistance JONES DAY FOUNDATION

Employer identification number 34-1570455

Cellet at Intermedent of Charles and Assistance	Does the organization maintain records to substantiate the amount
iciai ilioilia	organization ma
	1 Does the

Š × Yes nt of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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Part IV
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Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SAINT MARTIN DE PORRES HIGH SCHOOL							
6111 LAUSCHE AVENUE CLEVELAND, OH 44103	52-2401852	501 (C) (3)	30,000.				SEE PART IV
(2) HOPE FOR A HEALTHIER HUMANITY							
230 VERNON AVENUE STATEN ISLAND, NY 10309	52-2303126	501(C)(3)	168,000				SEE PART IV
(3) NATIONAL WOMEN'S LAW CENTER							
11 DUPONT CIRCLE NW, #800	52-1213010	501(C)(3)	47,500				SEE PART IV
(4) CITIZEN SCHOOLS, INC							
308 CONGRESS STREET, 5TH FLOOR	04-3259160	501 (C) (3)	200,000				SEE PART IV
(5) GROUP PLAN COMMISION							
1240 HURON ROAD, SUITE 300	46-1908475	501(C)(3)	100,000			ļ	SEE PART IV
(6) BOUNCE CHILDREN'S FOUNDATION	:						
255 BIRCHWOOD AVENUE DEERFIELD, IL 60015	47-4495431	501 (C) (3)	125,000				SEE PART IV
(7) THE PARTNERSHIP FOR THE HOMELESS							
305 SEVENTH AVENUE, 13TH FLOOR	13-3732698	501(C)(3)	22,500				SEE PART IV
(8) CATHOLIC COALITION FOR SPECIAL EDUCATION							
10040 CONNECTICUT AVENUE, SUITE 603	05-0611009	501(C)(3)	100,000				SEE PART IV
(9) CRISTO REY ATLANTA JESUIT HIGH SCHOOL	1						
680 WEST PEACHTREE STREET, NW	45-5550340	501(C)(3)	75,000.				SEE PART IV
(10) THE CLEVELAND ORCHESTRA							
11001 EUCLID AVENUE CLEVELAND, OH 44106	34-0714468	501 (C) (3)	150,000				SEE PART IV
(11) HARVARD LAW SCHOOL							
1585 MASSACHUSETTS AVENUE	04-6037213	501 (C) (3)	100,000				SEE PART V
(12) U.S HOLOCAUST MEMORIAL MUSEUM							
100 RAOUL WALLENBERG PLACE, SW	52-1309391	501(C)(3)	200,000				SEE PART V
2 Enter total number of section 501(c)(3) and government		rganizations lis	organizations listed in the line 1 table.			<b>▲</b> :: :: ::	
3 Enter total number of other organizations listed in the lin	ted in the line	1 table	e 1 table			<b>A</b> : : : : : : : : : : : : : : : : : : :	

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

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No 1545-0047	2016	Open to Public
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Employer Identification number

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

JONES	JONES DAY FOUNDATION	34-1570455	
Part	Part   General Information on Grants and Assistance		
1 Do	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and		
the	the selection criteria used to award the grants or assistance?	X Yes	ê _

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Part II

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

1 (a) Name and address of organization or government	(a) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LAWYERS WITHOUT BORDERS							
750 MAIN STREET, SUITE 1500	06-1574889	501(C)(3)	120,000		1.00		SEE PART IV
(2) PILNET							_
120 WALL STREET, 16TH FLOOR	20-5087783	501(C)(3)	40,000				SEE PART IV
(3) GLOBAL HERITAGE FUND							
220 MONTGOMERY STREET, SUITE 1020	20-5009512	501 (C) (3)	100,000				SEE PART IV
(4) THE YOUNG CENTER FOR IMMIGRANT CHILDREN'S R							
6020 S UNIVERSITY AVENUE CHICAGO, IL 60637	26-1839249	501 (C) (3)	100,000				SEE PART IV
(5) CHILDREN'S LAW CENTER INC							
616 H STREET NW, SUITE 300	52-1961588	501 (C) (3)	86,406				SEE PART IV
(6) MONUMENTAL SCHOLARS FUND INC							
1115 30TH STREET NW WASHINGTON, DC 20007	47-3018272	501 (C) (3)	75,000				SEE PART IV
(7) THE CONSTITUTION PROJECT							
1200 18TH STREET, NW, SUITE 1000	52-2218789	501(C)(3)	25,000			ŀ	SEE PART IV
(8) THE ASLAN PROJECT, INC							
2000 MASSACHUSETTS AVE NW, SUITE 100	45-5303190	501 (C) (3)	100,000				SEE PART IV
(9) INTERNATIONAL RULE OF LAW PROJECT, INC							
31 WEST 52ND STREET, 3RD FLOOR	52-2241212	501 (C) (3)	166,964				SEE PART IV
(10) NATIONAL PARTNERSHIP FOR NEW AMERICANS		:					
1818 S PAULINA STREET CHICAGO, IL 60608	45-3419142	501 (C) (3)	25,000				SEE PART IV
(11) CLEVELAND CLINIC FOUNDATION							
9500 EUCLID AVENUE CLEVELAND, OH 44106	34-0714585	501(C)(3)	1,000,000				SEE PART IV
(12) AMERICAN BAR ASSOCIATION FUND FOR JUSTICE &							~~
321 N CLARK STREET CHICAGO, IL 60654	36-6110299	501 (C) (3)	253,233				SEE PART IV
2 Enter total number of section 501(c)(3) and governmen	government	organizations lis	nt organizations listed in the line 1 table	ole		<b>A</b> : : : : : : : : : : : : : : : : : : :	
3 Enter total number of other organizations listed in the li	ted in the line	1 table	ine 1 table			•	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 S Enter total number of other organizations use

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For

Department of the Treasury Internal Revenue Service Name of the organization

JONES Part I

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

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

OMB No 1545-0047	2016

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

**Employer Identification number** 

ONES DAY FOUNDATION	34-1570455	
art General Information on Grants and Assistance		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	r assistance, and	
the selection criteria used to award the grants or assistance?	× × ×	<u>2</u>

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BUILDON, INC						i	
800 LONG RIDGE ROAD, ZND FLOOR (2)	22-3128648	501(C)(3)	225,000				SEE PART IV
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3 Enter total number of other organizations listed in the		1 table			Ine 1 table	<b>A</b>	

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

Schedule I (Form 990) (2016)

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 Part III

	(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 (bock, FMV, appraisal other)	(f) Description of non-cash assistance
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Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional	nformation re	quired in Part I, I	ine 2, Part III, c	olumn (b), and any o	ther additional

SUPPLEMENTAL INFORMATION #1

GRANTEES ARE REQUIRED TO PROVIDE REPORTS OF HOW FUNDS ARE USED.

SUPPLEMENTAL INFORMATION #2

SAINT MARTIN DE PORRES HIGH SCHOOL - HELP FUND THE CONSTRUCTION OF A NEW

SCHOOL BUILDING.

HOPE FOR A HEALTHIER HUMANITY - SUPPORT TO FUND A PROGRAM TO IDENTIFY AND

ADDRESS THE ROOT CAUSES FOR MIGRATION TO THE U.S.

34-1570455

Schedule I (Form 990) (2016)

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. Part III

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NATIONAL WOMEN'S LAW CENTER - GENERAL SUPPORT

CITIZEN SCHOOLS, INC. - SUPPORT FOR A PILOT PROGRAM TO EXTEND THE REACH

OF CITIZEN SCHOOL'S APPRENTICESHIP PROGRAM.

GROUP PLAN COMMISSION - SUPPORT FOR THE CLEVELAND PUBLIC SQUARE PROJECT.

BOUNCE CHILDREN'S FOUNDATION - SUPPORT THE MISSION OF CHANGING LIVES OF

CHRONICALLY ILL CHILDREN IN THE CHICAGO AREA.

Schedule I (Form 990) (2016)

PAGE 31

Schedule I (Form 990) (2016)

**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 Part III

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THE PARTNERSHIP FOR THE HOMELESS - GENERAL SUPPORT

CATHOLIC COALITION FOR SPECIAL EDUCATION - SUPPORT THEIR MISSION ENSURING

CHILDREN WITH SPECIAL NEEDS ARE ABLE TO RECEIVE APPROPRIATE EDUCATION IN

A LOCAL SCHOOLS.

CRISTO REY ATLANTA JESUIT HIGH SCHOOL - SUPOORT TO HELP FUND THE

CONSTRUCTION OF A NEW HIGH SCHOOL BUILDING.

THE CLEVELAND ORCHESTRA - SUPPORT FOR THE SOUND FOR THE CENTENNIAL

Schedule I (Form 990) (2016)

PAGE 32

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Page 2

JONES DAY FOUNDATION

Schedule 1 (Form 990) (2016)

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 Part III

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HARVARD LAW SCHOOL - SUPPORT FOR THE HARVARD LAW SCHOOL PROJECT ON

CAMPAIGN.

DISABILITY.

U.S. HOLOCAUST MEMORIAL MUSEUM - GENERAL SUPPORT

LAWYERS WITHOUT BORDERS - GENERAL SUPPORT

PILNET - GENERAL SUPPORT

Schedule I (Form 990) (2016)

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. Part III

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GLOBAL HERITAGE FUND - GENERAL SUPPORT

THE YOUNG CENTER FOR IMMIGRANT CHILDREN'S RIGHTS - SUPPORT TO ASSIST

CHILDREN IN THE U.S. IMMIGRATION COURT SYSTEM.

CHILDREN'S LAW CENTER INC. - SUPPORT TO PROVIDE PRO BONO LEGAL ASSISTANCE

TO LOW INCOME CHILDREN WITH MEDICAL ISSUES

- SUPPORT TO PROVIDE SCHOLARSHIPS FOR MONUMENTAL SCHOLARS FUND INC. Schedule ! (Form 990) (2016)

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**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

Part III can be duplicated it additional space is needed	(b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal other)				Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional
rant III can be dupiicated it	(a) Type of grant or assistance				Supplemental Information

LOW-INCOME DC CHILDREN.

THE CONSTITUTION PROJECT - GENERAL SUPPORT

THE ASLAN PROJECT, INC. - SUPPORT FOR PROJECT TO IMPROVE CHILHOOD CANCER

SURVIVAL RATES IN ETHIOPIA.

INTERNATIONAL RULE OF LAW PROJECT, INC. - SUPPORT FOR THE BINGHAM CENTRE

FOR THE RULE OF LAW.

Schedule I (Form 990) (2016)

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Schedule I (Form 990) (2016)

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 Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
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NATIONAL PARTNERSHIP FOR NEW AMERICANS - SUPPORT FOR A PROJECT TO ASSIST

IMMIGRANTS APPLYING FOR U.S. CITIZENSHIP.

SUPPORT TO HELP FUND THE CONSTRUCTION OF A CLEVELAND CLINIC FOUNDATION -

NEW CANCER TREATMENT FACILITY.

AMERICAN BAR ASSOCIATION FUND FOR JUSTICE & EDUCATION - SUPPORT TO HELP

DEVELOP AN ONLINE PLATFORM TO LINK LEGAL RESOURCES TO VETERANS AROUND THE

COUNTRY.

JONES DAY FOUNDATION

Schedule I (Form 990) (2016)

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 Part III

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BUILDON, INC. - SUPPORT FOR MENTORING HIGH SHCHOOL STUDENTS IN AN EFFORT Intormation

TO BREAK THE CYCLE OF POVERTY AND LOW ACEDEMIC EXPECTATIONS.

# SCHEDULE O (Form 990 or 990-EZ)

# 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.

Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

2016
Open to Public Inspection

OMB No 1545-0047

Name of the organization

JONES DAY FOUNDATION

Employer identification number 34-1570455

FORM 990, PART III, LINE 4D
GRANTS TO OTHER ORGANIZATIONS

FORM 990, PART VI, LINE 8B

THE ORGANIZATION DOES NOT HAVE COMMITTEES.

FORM 990, PART VI, LINE 9

LIZANNE THOMAS

1420 PEACHTREE STREET, NE SUITE 800

ATLANTA, GA 30309

MARY ELLEN POWERS

51 LOUISIANA AVE. NW

WASHINGTON, DC 20001

ROBERT L. THOMSON

EDINBURGH TOWER, 29TH FLOOR, THE LANDMARK, 15 QUEEN'S RD CENTRAL

HONG KONG

GREGORY M. SHUMAKER

51 LOUISIANA AVE. NW

WASHINGTON, DC 20001

LUIS RIESGO

Name of the organization

JONES DAY FOUNDATION

Employer identification number 34-1570455

51 LOUISIANA AVE. NW

WASHINGTON, DC 20001

MARCO LOMBARDI

VIA TURATI 16-18, 2ND FLOOR

20121 MILAN, ITALY

CHRISTOPHER LOVRIEN

555 SOUTH FLOWER STREET

50TH FLOOR

LOS ANGELES, CA 90071

JOHN R. PHILLIPS

21 TUDOR STREET

LONDON EC4Y ODJ, UNITED KINGDOM

PETER J. WANG

4TH FLOOR

27 ZHONGSHAN DONG YI ROAD

SHANGHAI 200002, CHINA

KEVYN ORR

51 LOUISIANA AVE. NW

WASHINGTON, DC 20001

Name of the organization

JONES DAY FOUNDATION

Employer identification number

34-1570455

SOPHIE HAGEGE

2, RUE SAINT-FLORENTIN

75001 PARIS, FRANCE

TINA TABACCHI

77 WEST WACKER DRIVE

CHICAGO, IL 60601

ELENA KAPLAN

1420 PEACHTREE STREET, N.E.

SUITE 800

ATLANTA, GA 30309

FORM 990, PART VI, LINE 11B

FORM 990 IS REVIEWED BY EACH MEMBER OF THE BOARD PRIOR TO BEING FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C

THE CONFLICT OF INTEREST POLICY APPLIES TO ALL MEMBERS OF THE BOARD OF TRUSTEES OF THE FOUNDATION. CONFLICTS OF INTEREST ARE REQUIRED TO BE DISCLOSED AND MEMBERS WHO HAVE A CONFLICT ARE NOT PERMITTED TO VOTE ON THE MATTER OR PARTICIPATE IN DECISION MAKING OTHER THAN BY PROVIDING INFORMATION REQUESTED BY THE DISINTERESTED DECISION MAKERS.

FORM 990, PART VI, LINE 19

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

Name of the organization

JONES DAY FOUNDATION

Employer identification number 34-1570455

FORM 990, PART X, LINE 18

THE FOUNDATION REPORTS ON A CASH BASIS. AS OF DECEMBER 31, 2015 AND 2016,

THE FOUNDATION HAS GRANTS PAYABLE OF \$1,542,964 AND \$3,610,046,

RESPECTIVELY.

ATTACHMENT 1

# FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

IN FURTHERANCE OF THE PURPOSES SET FORTH IN OUR ARTICLES OF INCORPORATION, WE ENGAGE IN GRANT-MAKING AROUND THE WORLD, INCLUDING THE COMMUNITIES IN WHICH WE LIVE AND WORK. OUR PHILANTHROPY IS DIRECTED TO ORGANIZATIONS THAT:

- PROMOTE THE RULE OF LAW, INCLUDING THE ADVANCEMENT OF CIVIL AND HUMAN RIGHTS,
- FOSTER INNOVATION IN ACADEMICS, MEDICINE AND THE ARTS,
- IMPROVE LIVING CONDITIONS AND ECONOMIC OPPORTUNITIES FOR PEOPLE IN IMPOVERISHED SETTINGS (PARTICULARLY CHILDREN AND WOMEN), AND
- PROVIDE SUPPORT AND COMFORT TO PEOPLE SUFFERING FROM NATURAL AND OTHER DISASTERS.

FORM 990, PART VIII - INVESTMENT INCOME			ATTACHMENT 2	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INTEREST	24,07	8.		24,078.
TOTALS	24,07	8.		24,078.