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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

C Name of organization
TOLEDO COMMUNITY FOUNDATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
300 MADISON AVENUE SUITE 1300

City or town, state or province, country, and ZIP or foreign postal code
TOLEDO, OH 43604

D Employer identification number
23-7284004

E Telephone number
(419) 241-5049

G Gross receipts $ 24,070,469

F Name and address of principal officer
KEITH BURWELL
300 MADISON AVENUE SUITE 1300
TOLEDO, OH 43604

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW TOLEDOCF ORG

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

L Year of formation 1973

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE PRIMARY EXEMPT PURPOSE OF THE ORGANIZATION IS TO ENRICH THE QUALITY OF LIFE IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN BY PROVIDING FINANCIAL SUPPORT TO INITIATE PROGRAMS THAT ADDRESS THE CHANGING NEEDS OF OUR REGION

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	16,572,567	16,476,201
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,698,102	5,719,251
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,745,582	1,875,017
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,016,251	24,070,469

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,729,842	11,630,624
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,560,812	1,689,820
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶11,900		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,042,256	2,615,344
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	16,332,910	15,935,788
19	Revenue less expenses Subtract line 18 from line 12	6,683,341	8,134,681

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	141,787,976	149,898,527
21	Total liabilities (Part X, line 26)	34,750	10,620
22	Net assets or fund balances Subtract line 21 from line 20	141,753,226	149,887,907

Part II Signature Block

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

Sign Here

****** 2018-10-15
Signature of officer Date

SCOTT ESTES CHAIRMAN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CAROLYN E SULEWSKI CPA	CAROLYN E SULEWSKI CPA	2018-10-15		P00449650

Firm's name ▶ REHMANN ROBSON LLC — Firm's EIN ▶ 38-3635706
Firm's address ▶ 7124 W CENTRAL AVE TOLEDO, OH 43617 — Phone no (419) 865-8118

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE TOLEDO COMMUNITY FOUNDATION, INC WAS CREATED TO ENRICH THE QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IN OUR REGION

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 11,630,624 including grants of $ 11,630,624) (Revenue $ 1,699,254)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 11,630,624

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	29		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶MS KIM CRYAN 300 MADISON AVENUE SUITE 1300 TOLEDO, OH 43604 (419) 241-5049

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD L ARNOS TRUSTEE	0 75 0 25	X						0	0	0
(2) MR SCOTT ESTES CHAIRMAN	0 75 0 25	X		X				0	0	0
(3) RICHARD J BRUNNER TRUSTEE	0 75 0 25	X						0	0	0
(4) MR MICHAEL J ANDERSON VICE CHAIRMAN	0 75 0 25	X		X				0	0	0
(5) MR PARISS M COLEMAN II TRUSTEE	0 75 0 50	X						0	0	0
(6) MR MATTHEW S KANG TRUSTEE	0 75 0 25	X						0	0	0
(7) MICHAEL GIBBONS TRUSTEE	0 75 0 25	X						0	0	0
(8) MS DIANA BLOCK TRUSTEE	0 75 0 25	X						0	0	0
(9) MS JANE KERVIN TRUSTEE	0 75 0 25	X						0	0	0
(10) ERIK S FANKHAUSER TRUSTEE	0 75 0 25	X						0	0	0
(11) MR L ZAC ISAAC TREASURER	0 75 0 25	X		X				0	0	0
(12) MS SUSAN FARRELL PALMER SECRETARY	0 75 0 25	X		X				0	0	0
(13) MS PAMELA HERSHBERGER TRUSTEE	0 75 0 25	X						0	0	0
(14) MS KAYE M PATTEN PHD TRUSTEE	0 75 0 25	X						0	0	0
(15) HUSSIEN Y SHOUSHER TRUSTEE	0 75 0 25	X						0	0	0
(16) KEITH BURWELL PRESIDENT	50 00 3 25			X				220,105	0	51,023
(17) KIMBERLY CRYAN CHIEF FINANCIAL OFFICER	45 00 1 50			X				137,454	0	27,875

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHERINE ENRIGHT DIRECTOR OF ASPIRE	37 50					X		131,500	0	16,048
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								489,059	0	94,946

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 16,476,201				
	g Noncash contributions included in lines 1a-1f $ 1,830,932				
	h **Total.** Add lines 1a-1f . . . . . ▶	16,476,201			
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a–2f . . . . ▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	4,914,617			4,914,617
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	804,634			
	b Less cost or other basis and sales expenses	0			
	c Gain or (loss)	804,634			
	d Net gain or (loss) . . . . . ▶	804,634			804,634
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a ADMINISTRATIVE FEES	561000	1,699,254	1,699,254	
	b OTHER REVENUE	900099	175,763		175,763
	c				
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶		1,875,017		
	12 **Total revenue.** See Instructions . . . . . ▶		24,070,469	1,699,254	0 5,895,014

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,462,973	10,462,973		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,031,826	1,031,826		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	135,825	135,825		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	584,005		581,580	2,425
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	778,481		776,471	2,010
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	56,346		56,272	74
9 Other employee benefits	189,917		189,500	417
10 Payroll taxes	81,071		80,650	421
11 Fees for services (non-employees)				
a Management				
b Legal	19,015		19,015	
c Accounting	23,550		23,550	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	112,671		112,671	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	39,942		39,942	
12 Advertising and promotion	158,892		152,339	6,553
13 Office expenses	111,849		111,849	
14 Information technology				
15 Royalties . .				
16 Occupancy	65,088		65,088	
17 Travel	119,630		119,630	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	38,543		38,543	
23 Insurance . . .	10,664		10,664	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a ADMINISTRATIVE FEE	1,558,882		1,558,882	
b SPONSORSHIPS	84,876		84,876	
c CONSULTING AND CONTRACT	46,742		46,742	
d NON-PROFIT RESOURCE CEN	44,327		44,327	
e All other expenses	180,673		180,673	
25 **Total functional expenses.** Add lines 1 through 24e	15,935,788	11,630,624	4,293,264	11,900
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,274,014	1	1,629,607
	2	Savings and temporary cash investments	5,577,053	2	8,519,924
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 465,915			
	b	Less accumulated depreciation — 10b: 433,108	64,789	10c	32,807
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	134,136,239	12	139,255,324
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	735,881	15	460,865
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	141,787,976	16	149,898,527
Liabilities	17	Accounts payable and accrued expenses	29,750	17	10,620
	18	Grants payable		18	
	19	Deferred revenue	5,000	19	0
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	34,750	26	10,620
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds	141,753,226	32	149,887,907
	33	Total net assets or fund balances	141,753,226	33	149,887,907
	34	Total liabilities and net assets/fund balances	141,787,976	34	149,898,527

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,070,469
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,935,788
3	Revenue less expenses Subtract line 2 from line 1	3	8,134,681
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	141,753,226
5	Net unrealized gains (losses) on investments	5	
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	149,887,907

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 23-7284004

Name: TOLEDO COMMUNITY FOUNDATION INC

Form 990 (2017)

Form 990, Part III, Line 4a:

THIS ORGANIZATION IS A PUBLIC CHARITABLE CORPORATION SERVING THE PEOPLE OF NORTHWEST OHIO AND SOUTHEAST MICHIGAN FUNDS ARE EXPENDED FOR DESERVING CIVIC, CHARITABLE AND BENEVOLENT PURPOSES FOR THE BETTERMENT OF THE COMMUNITY AND RESIDENTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310007268

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
TOLEDO COMMUNITY FOUNDATION INC

Employer identification number
23-7284004

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	14,917,042	16,828,582	15,539,647	16,572,567	13,976,201	77,834,039
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	14,917,042	16,828,582	15,539,647	16,572,567	13,976,201	77,834,039
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)						4,872,305
6 **Public support.** Subtract line 5 from line 4						72,961,734

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	14,917,042	16,828,582	15,539,647	16,572,567	13,976,201	77,834,039
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,580,928	4,737,773	4,082,688	4,488,853	4,914,617	21,804,859
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	2,026,524	1,447,915	1,576,062	1,745,582	1,875,017	8,671,100
11 **Total support.** Add lines 7 through 10						108,309,998

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	**14**	67 360 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	**15**	67 630 %

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 23-7284004

Name: TOLEDO COMMUNITY FOUNDATION INC

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

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
TOLEDO COMMUNITY FOUNDATION INC

Employer identification number
23-7284004

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	249	
2	Aggregate value of contributions to (during year)	10,673,281	
3	Aggregate value of grants from (during year)	7,009,173	
4	Aggregate value at end of year	73,600,507	

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,152,239	15,106,197	15,368,427	15,701,479	17,102,639
b Contributions	1,345,558	499,154	308,775	508,205	284,609
c Net investment earnings, gains, and losses	615,165	571,591	618,445	582,655	1,456,143
d Grants or scholarships	347,213	939,641	1,107,078	1,330,510	3,032,936
e Other expenditures for facilities and programs					
f Administrative expenses	108,126	85,062	82,372	93,402	108,976
g End of year balance	16,657,623	15,152,239	15,106,197	15,368,427	15,701,479

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 99 000 %
- c Temporarily restricted endowment ▶ 1 000 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		465,915	433,108	32,807
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				32,807

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) VANGUARD INDEX TOTAL STOCK MARKET PORTFOLIO	45,869,707	C
(B) VANGUARD BOND INDEX FUND	17,049,370	C
(C) DFA GLOBAL FIXED INCOME FUND	17,214,520	C
(D) COMMON TRUST FUNDS	115,667	C
(E) VANGUARD SHORT TERM BOND INDEX FUND	1,113,991	C
(F) TRAN STAR LLC	2,166,032	C
(G) VANGUARD FTSE ALL-WORLD EX-US INDEX FUND	51,769,386	C
(H) UBS INVESTMENT PARTNERSHIP	3,817,395	C
(I) STOCK IN TRANSIT	139,256	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	139,255,324	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-7284004
Name: TOLEDO COMMUNITY FOUNDATION INC

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
(A) VANGUARD INDEX TOTAL STOCK MARKET PORTFOLIO	45,869,707	C
(A) VANGUARD BOND INDEX FUND	17,049,370	C
(B) DFA GLOBAL FIXED INCOME FUND	17,214,520	C
(C) COMMON TRUST FUNDS	115,667	C
(D) VANGUARD SHORT TERM BOND INDEX FUND	1,113,991	C
(E) TRAN STAR LLC	2,166,032	C
(F) VANGUARD FTSE ALL-WORLD EX-US INDEX FUND	51,769,386	C
(G) UBS INVESTMENT PARTNERSHIP	3,817,395	C
(H) STOCK IN TRANSIT	139,256	C

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S INTENDED USE OF ENDOWMENT FUNDS IS CONSISTENT WITH THE MISSION OF THE TOLEDO COMMUNITY FOUNDATION, INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION HAS EVALUATED UNCERTAIN TAX POSITIONS AND BELIEVES THERE ARE NO SUCH POSI TIONS OF SIGNIFICANCE AT DECEMEBER 31, 2017 THAT ARE REQUIRED TO BE RECORDED OR DISCLOSED

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
TOLEDO COMMUNITY FOUNDATION INC

Employer identification number
23-7284004

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

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

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	GENERAL SUPPORT	50,000				
(2)			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	SCHOLARSHIPS	62,500				
(3)			EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	SOLAR ENERGY ACCESS	12,500				
(4)									

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

3 Enter total number of other organizations or entities . . . . . ▶ 0

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

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 2	ALL GRANTEES, FOREIGN OR DOMESTIC, ARE REQUIRED TO SEND IN REPORTS FOR COMPETITIVE GRANTS THOSE REPORTS BECOME A PART OF THE GRANT FILE THE GRANTEES ALSO SEND IN ACKNOWLEDGEMENTS FOR GRANT PAYMENTS AND SIGN GRANT AGREEMENTS OUTLINING THE TERMS OF THE GRANT AND DUE DATES FOR REPORTS AND A SCHEDULE OF PAYMENTS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
TOLEDO COMMUNITY FOUNDATION INC

Employer identification number
23-7284004

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 269

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ARTS/CULTURE	2	35,100			
(2) EDUCATION	503	920,164			
(3) OTHER	31	62,500			
(4) RELIGIOUS	1	14,062			
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	FOR COMPETITIVE GRANTS, INTERIM AND FINAL REPORTS MUST BE SUBMITTED IN ORDER TO RECEIVE ALL FUNDS FOR SCHOLARSHIPS, SCHEDULES, GRADES, AND STATEMENTS OF ACCOUNT MUST BE RECEIVED BY TOLEDO COMMUNITY FOUNDATION BEFORE PAYMENTS ARE MADE TO THE UNIVERSITIES/COLLEGES

Additional Data

Software ID:
Software Version:
EIN: 23-7284004
Name: TOLEDO COMMUNITY FOUNDATION INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
1MATTERSORG 3450 W CENTRAL AVE SUITE 108 TOLEDO, OH 43606	26-2052237	501(C)(3)	5,000				GENERAL SUPPORT
A RENEWED MIND 855 COMMERCE DRIVE PERRYSBURG, OH 43551	34-1896193	501(C)(3)	20,400				THE MOSAIC ART PROJECT & 2017 NONPROFIT INNOVATION AND EXCELLENCE AWARDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ABILITY CENTER OF GREATER TOLEDO 5605 MONROE STREET SYLVANIA, OH 43560	34-4428597	501(C)(3)	30,000				ASSISTANCE DOGS FOR ACHIEVING INDEPENDENCE & ADAI PROGRAM
ADELANTE INC 520 BROADWAY TOLEDO, OH 43604	34-1826214	501(C)(3)	15,000				LEAMOS JUNTOS PROGRAM & MUJER UNIDAS/WOMEN UNITED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADOPT AMERICA NETWORK 3100 W CENTRAL AVE SUITE 225 TOLEDO, OH 43606	34-1396924	501(C)(3)	30,000				FAMILIES FOR WAITING KIDS & TO SUPPORT 2018 PROGRAMS FOR EMANCIPATED YOUTH
ADVOCATES FOR BASIC LEGAL EQUALITY INC 525 JEFFERSON AVENUE SUITE 300 TOLEDO, OH 43604	23-7376131	501(C)(3)	12,500				JOSEPH R TAFELSKI FELLOWSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADVOCATING OPPORTUNITY INC 1119 ADAMS STREET 2ND FLOOR TOLEDO, OH 43604	47-1098005	501(C)(3)	10,000				TRANSPORTATION FOR VICTIMS OF HUMAN TRAFFICKING
AFTER-SCHOOL ALL-STARS OHIO 1743 WEST LANE AVENUE COLUMBUS, OH 43221	31-1736272	501(C)(3)	5,000				AFTER-SCHOOL ALL-STARS TOLEDO PROGRAMMING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMEL ASSOCIATION INTERNATIONAL 4802 DESERT IVY COURT SUGAR LAND, TX 77479	81-3433395	501(C)(3)	25,000				GENERAL SUPPORT
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	52-1573446	501(C)(3)	15,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS P O BOX 37839 BOONE, IA 500370839	53-0196605	501(C)(3)	30,100				HURRICAN HARVEY DISASTER RELIEF
AMERICAN RED CROSS OF NORTHWEST OHIO 1111 RESEARCH DRIVE TOLEDO, OH 43614	53-0196605	501(C)(3)	14,621				TO SUPPORT THE CHAPTER'S VOLUNTEER PROGRAM, DISASTER CYCLE SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGELINE INDUSTRIES INC 11028 COUNTY HIGHWAY 44 RT NO 2 UPPER SANDUSKY, OH 43351	34-1170395	501(C)(3)	510,891				MARILYN J BOWEN CENTER
ATLANTIC SALMON FEDERATION INC PO BOX 807 CALAIS, ME 04619	13-2618801	501(C)(3)	10,000				ANNUAL GIFT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AURORA PROJECT INC 1035 N SUPERIOR STREET TOLEDO, OH 43604	34-1517827	501(C)(3)	22,500				TRANSITIONAL HOUSING
AWAKE 5967 FINZEL ROAD WHITEHOUSE, OH 43571	80-0144756	501(C)(3)	5,000				DRUG AND ALCOHOL PREVENTION EDUCATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BACK TO THE WILD INC 4504 BARDSHAR RD CASTALIA, OH 44824	35-2200572	501(C)(3)	10,000				GENERAL SUPPORT
BEACH HOUSE INC DBA BEACH HOUSE FAMILY SHELTER 915 N ERIE STREET TOLEDO, OH 43604	34-4428659	501(C)(3)	10,000				GENERAL SUPPORT, BHF CHALLENGE MATCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BEADFORLIFE 6797 WINCHESTER CIRCLE BOULDER, CO 80301	20-1683139	501(C)(3)	25,000				IGNITE 1 MILLION CAMPAIGN- THIRD OF THREE PAYMENTS
BELIEVE CENTER INC 1 AURORA GONZALEZ WAY TOLEDO, OH 43609	80-0733488	501(C)(3)	10,000				KEEPING SPORTS ALIVE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BITTERSWEET INC 12660 ARCHBOLD-WHITEHOUSE ROAD WHITEHOUSE, OH 43571	34-1218722	501(C)(3)	25,000				GENERAL SUPPORT, GARDENS BUILDING ADDITION & VOCATIONAL AND TRANSITIONAL PROGRAM
BLACK SWAMP BIRD OBSERVATORY 13351 W STATE ROUTE 2 OAK HARBOR, OH 43449	34-1702076	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BLACK SWAMP CONSERVANCY PO BOX 332 PERRYSBURG, OH 43552	34-1746749	501(C)(3)	20,000				GENERAL SUPPORT & TO SUPPORT EDUCATIONAL PROGRAMMING FOR YOUTH
BLACK SWAMP ICE FROGS INC 1624 CLOUGH STREET APT 20 BOWLING GREEN, OH 43402	46-1395684	501(C)(3)	10,000				BLACK SWAMP ICE FROGS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK SWAMP YOUNG LIFE PO BOX 412 MAUMEE, OH 435370412	84-0385934	501(C)(3)	8,000				CHRISTIAN YOUTH EVANGELISM
BOWLING GREEN COMMUNITY FOUNDATION P O BOX 1175 BOWLING GREEN, OH 43402	34-1790526	501(C)(3)	40,000				ANNUAL DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOWLING GREEN SCHOOLS FOUNDATION 137 CLOUGH STREET BOWLING GREEN, OH 43402	20-8771079	501(C)(3)	6,700				2017 DISTRIBUTION
BOWLING GREEN STATE UNIVERSITY FOUNDATION MILETI ALUMNI CENTER BOWLING GREEN, OH 43403	34-6007199	501(C)(3)	40,000				LITERACY IN THE PARK & SUPPORT FOR THE COUNSELING CENTER & LAST INSTALLMENT OF BRYAN RECITAL HALL RENOVATION COMMITMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS CLUB OF LENAWEE 340 E CHURCH ST A ADRAIN, MI 49221	38-3558470	501(C)(3)	8,500				HUDSON EXTENSION CLUB
BOYS & GIRLS CLUBS OF TOLEDO 2250 N DETROIT AVE TOLEDO, OH 43606	34-4427933	501(C)(3)	113,182				GENERAL OPERATIONS, CAPITAL NEEDS, POOL REPAIRS & CARSON SCHOLARSHIP PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES DIOCESE OF TOLEDO INC 1933 SPIELBUSCH AVE TOLEDO, OH 43604	53-0196617	501(C)(3)	15,400				HELPING HANDS OF ST LOUIS & LA POSADA EMERGENCY FAMILY SHELTER
CATHOLIC RELIEF SERVICES INC 228 W LEXINGTON ST BALTIMORE, MD 21201	13-5563422	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER OF HOPE FAMILY SERVICES INC PO BOX 5308 TOLEDO, OH 43611	20-0955193	501(C)(3)	47,500				OVERLAND WORKFORCE PROJECT
CENTRAL CATHOLIC HIGH SCHOOL 2550 CHERRY STREET TOLEDO, OH 43608	34-4428211	501(C)(3)	24,163				SCHOLARSHIPS & TUITION - ANGEL DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL CITY MINISTRY OF TOLEDO (CCMT) 1933 SPIELBUSCH AVE TOLEDO, OH 43604	53-0196617	501(C)(3)	10,000				GENERAL SUPPORT
CHERRY STREET MISSION MINISTRIES 105 17TH STREET TOLEDO, OH 43604	34-1133369	501(C)(3)	81,000				GENERAL SUPPORT, LIFE REVITALIZATION CENTER CAPITAL CAMPAIGN, CAPITAL IMPROVEMENT PROJECTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO COMMUNITY FOUNDATION 225 N MICHIGAN AVE SUITE 2200 CHICAGO, IL 60601	36-3432023	501(C)(3)	10,000				TO THE JANE B WELLSTEIN FUND
CHILDREN'S RIGHTS COLLABORATIVE OF NW OHIO 4069 W SYLVANIA AVENUE TOLEDO, OH 43623	52-2094990	501(C)(3)	7,040				SUPERVISED FAMILY VISITATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S THEATRE WORKSHOP 2417 COLLINGWOOD BLVD TOLEDO, OH 43620	34-0929054	501(C)(3)	5,000				GENERAL SUPPORT
CHRIST PRESBYTERIAN CHURCH 4225 WEST SYLVANIA AVENUE TOLEDO, OH 43623	34-0869355	501(C)(3)	40,500				GENERAL SUPPORT, OPERATING FUND, ANNUAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN MISSION INC 1239 WOLF CREEK HIGHWAY ADRIAN, MI 49221	23-7297461	501(C)(3)	15,347				GENERAL SUPPORT
CHURCH IN AURORA 146 SOUTH CHILLICOTHE ROAD AURORA, OH 44202	34-0766145	501(C)(3)	10,000				TECHNOLOGY UPGRADE & SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY IMPROVEMENT CORPORATION OF FOSTORIA OHIO 121 N MAIN ST FOSTORIA, OH 44830	26-3172960	501(C)(3)	25,000				DOWNTOWN FACADE ENHANCEMENT PROGRAM
COMPASSION HEALTH TOLEDO PO BOX 12522 TOLEDO, OH 43606	47-3197108	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTEXTICON LEARNING AND RESEARCH INC 9 CONGRESS STREET BEVERLY, MA 01915	04-3382124	501(C)(3)	200,000				RESEARCH WORK FOCUSING ON SERMON ON THE MOUNT & TECHNOLOGY UPGRADE
CORNELL UNIVERSITY TEAGLE HALL ITHACA, NY 14853	15-0532082	501(C)(3)	110,000				GENERAL SUPPORT, COACHES' DISCRETIONARY FUND& ENDOWMENT FOR MEN'S BASKETBALL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL OF MICHIGAN FOUNDATIONS INC 1 SOUTH HARBOR SUITE 3 GRAND HAVEN, MI 49417	38-6263347	501(C)(3)	5,000				GREAT LAKES FUNDERS COLLABORATION TO SUPPORT THE GREAT LAKES FUNDER COLLABORATIVE
CRAIG HOSPITAL 3425 SOUTH CLARKSON STREET ENGLEWOOD, CO 80113	84-0404233	501(C)(3)	10,000				SEA WOLF FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRAZY HORSE MEMORIAL FOUNDATION 12151 AVENUE OF THE CHIEFS CRAZY HORSE, SD 57730	46-0220678	501(C)(3)	5,000				GENERAL SUPPORT
CURE ALZHEIMER'S FUND 34 WASHINGTON ST SUITE 200 WELLESLEY HILLS, MA 12481	52-2396428	501(C)(3)	40,000				GENERAL OPERATIONS & EXPAND ALZHEIMER'S RESEARCH TOWARD A CURE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOVE FUND PO BOX 350741 TOLEDO, OH 43635	34-1913404	501(C)(3)	6,250				SCHOLARSHIPS
DAKOTA RURAL ACTION 910 4TH STREET SUITE A BROOKINGS, SD 57006	46-0398656	501(C)(3)	5,000				SOUTH DAKOTA NATIVE AMERICAN CHILDHOOD NUTRITION AND FOOD SOVEREIGNTY PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DEFIANCE COLLEGE 701 N CLINTON STREET DEFIANCE, OH 43512	34-4430762	501(C)(3)	6,028				ANNUAL DISTRIBUTIONS
DETERMINED TO DEVELOP 143 WOODSTOCK DR AVON LAKE, OH 44012	26-4678003	501(C)(3)	15,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DIOCESE OF TOLEDO 1933 SPIELBUSCH AVENUE TOLEDO, OH 43604	53-0196617	501(C)(3)	13,375				2017 DISTRIBUTION, GENERAL SUPPORT, SOCIETY FOR THE PROPAGATION OF THE FAITH
DISTRICT ALLIANCE FOR SAFE HOUSING PO BOX 91730 WASHINGTON, DC 200901730	71-1019574	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS WITHOUT BORDERS USA 333 SEVENTH AVE NEW YORK, NY 10001	13-3433452	501(C)(3)	25,000				GENERAL SUPPORT
DOUBLE ARC 885 COMMERCE DR SUITE A PERRYSBURG, OH 435515268	34-1868205	501(C)(3)	13,150				STRATEGIC ALLIANCE PARTNERSHIP WITH A RENEWED MIND

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

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DUCKS UNLIMITED INC - NATIONAL HEADQUARTERS ONE WATERFOWL WAY MEMPHIS, TN 38120	13-5643799	501(C)(3)	10,000				ANNUAL GIFT
EAST TOLEDO FAMILY CENTER 1020 VARLAND AVENUE TOLEDO, OH 436053299	34-4429426	501(C)(3)	27,476				READY, SET, LET'S READ FUNDS & PAYMENT ONE OF TWO FOR THE EARLY LANGUAGE CHILDHOOD DEVELOPMENT TRANSFORMATIONAL PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN MICHIGAN UNIVERSITY FOUNDATION 344 MCKENNY HALL 850 W CROSS STREET STREET YPSILANTI, MI 48197	38-2953297	501(C)(3)	5,000				THE CHAMPIONSHIP BUILDING PLAN
EDUCATIONAL UPLIFT OF THE CHRISTIAN MINORITIES 7150 CORDUROY ROAD OREGON, OH 43616	47-3288454	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EMERSON SCHOOL INC 5425 SCIO CHURCH ROAD ANN ARBOR, MI 48103	23-7442766	501(C)(3)	23,818				SCHOLARSHIP PROGRAM
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ENVIRONMENTAL LAW INSTITUTE 1730 M STREET NW SUITE 700 WASHINGTON, DC 20036	52-0901863	501(C)(3)	5,000				FIRST SOLAR SUPPORT
EPISCOPAL DIOCESE OF OHIO 2230 EUCLID AVE CLEVELAND, OH 44115	34-0714658	501(C)(3)	24,000				GENERAL SUPPORT & CAPITAL CAMPAIGN - FOURTH OF FIVE PAYMENTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EPWORTH UNITED METHODIST CHURCH 4855 W CENTRAL AVE TOLEDO, OH 43615	34-4428652	501(C)(3)	13,000				GENERAL SUPPORT & CAMPAIGN
ERIE SHORES COUNCIL BSAERIE SHORES COUNCIL INC #460 PO BOX 8728 TOLEDO, OH 43623	34-4427945	501(C)(3)	88,395				GENERAL SUPPORT, 2017 DISTRIBUTION & HANDICRAFTS BUILDING AT CAMP FOSTER

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

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FAMILY AND CHILD ABUSE PREVENTION CENTER 2460 CHERRY ST TOLEDO, OH 43608	34-1375936	501(C)(3)	10,000				CHILDRENS ADVOCACY CENTER
FAMILY COUNSELING & CHILDREN'S SERVICES OF LENAWEE COUNTY 220 N MAIN ADRIAN, MI 49221	38-1660960	501(C)(3)	5,000				FAMILY HEALTH AND FITNESS AT THE CATHERINE COBB SHELTER

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

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FARM LABOR RESEARCH PROJECT DBA CAMPAIGN FOR MIGRANT WORKER JUS 1221 BROADWAY ST TOLEDO, OH 43609	34-1329126	501(C)(3)	5,000				MIGRANT FAMILY MOBILE HEALTH CLINIC'S SERVICES
FEED LUCAS COUNTY CHILDREN INC DBA CONNECTING KIDS TO MEALS PO BOX 9363 TOLEDO, OH 43697	34-1969461	501(C)(3)	45,000				GENERAL SUPPORT, SUMMER AND AFTERSCHOOL MEAL PROGRAM OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING AMERICA 35 EAST WACKER DR SUITE 2000 CHICAGO, IL 60601	36-3673599	501(C)(3)	5,000				GENERAL SUPPORT
FLORIDA STATE UNIVERSITY FOUNDATION INC INNOVATION PARK 2010 LEVY AVENUE BUILDING B SUITE 300 TALLAHASSEE, FL 32306	59-6152180	501(C)(3)	5,000				COLLEGE OF BUSINESS ANNUAL FUND

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

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FORT MEIGS ASSOCIATION FORT MEIGS STATE MEMORIAL PO BOX 3 PERRYSBURG, OH 43552	27-2083636	501(C)(3)	35,000				SUPPORT FOR THE FORT MEIGS ASSOCIATION
FOSTORIA AREA HISTORICAL SOCIETY PO BOX 142 FOSTORIA, OH 448300142	23-7374134	501(C)(3)	5,369				GENERAL SUPPORT

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

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FOSTORIA LEARNING CENTER 121 N MAIN STREET FOSTORIA, OH 44830	46-3336356	501(C)(3)	50,000				GENERAL SUPPORT
FOSTORIA VISION 2020 INC 121 NORTH MAIN STREET FOSTORIA, OH 44830	74-3098676	501(C)(3)	26,100				NEW DOWNTOWN MURAL & OUTDOOR SCULPTURE EXHIBIT, BARN QUILT TRAIL INITIATIVE AND SUMMER 2017 OUTDOOR MOVIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOUNDATION FOR THE SCIENCE OF HUMAN DONATION 3661 BRIARFIELD BOULEVARD SUITE 105 105 MAUMEE, OH 43537	14-1885649	501(C)(3)	7,806				2017 DISTRIBUTION
FRANCISCAN SHELTERS DBA BETHANY HOUSE PO BOX 5930 TOLEDO, OH 43613	34-1612437	501(C)(3)	31,000				GENERAL OPERATIONS, BIRTHDAY GIFT PROGRAM & CAR GIFTING PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRANSALIAN MISSIONARIES INC 3887 ROSEBUD ROAD LOGANVILLE, GA 300524656	75-2890061	501(C)(3)	5,000				KERALA FRANSALIAN EDUCATIONAL SOCIETY
FRIENDS OF THE BLAIR MUSEUM OF LITHOPHANES 5403 ELMER DRIVE TOLEDO, OH 43615	26-2673590	501(C)(3)	7,113				ANNUAL DISTRIBUTIION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE BOYS & GIRLS CLUBS OF TOLEDO 2250 NORTH DETROIT AVENUE TOLEDO, OH 43606	34-1633047	501(C)(3)	15,000				GENERAL SUPPORT
FRIENDS OF THE ETERNAL RAINFOREST FKA MONTEVERDE 1324 CLARKSON CLAYTON CENTER 312 ELLISVILLE, MO 63011	30-0572051	501(C)(3)	11,000				REPAIR/REBUILD THE POCOSOL VISITOR STATION

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

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FRIENDSHIP PARK COMMUNITY CENTER 2930 131ST STREET TOLEDO, OH 43611	32-0280271	501(C)(3)	11,880				POINT PLACE CIVIC LEADERSHIP PILOT PROJECT
FUNDERS' NETWORK FOR SMART GROWTH AND LIVABLE COMMUNITIES 1500 SAN REMO AVE SUITE 249 CORAL GABLES, FL 33146	57-1173613	501(C)(3)	5,000				DISCOVERING NEW VALUE IN AMERICA'S CORE CITIES

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

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GEARY FAMILY YMCA 154 WEST CENTER STREET FOSTORIA, OH 44830	34-4439890	501(C)(3)	25,000				FOUNDATION PARK OPERATIONS
GET REAL IN CHRIST INC 7483 E US HWY 36 SUITE D AVON, IN 46123	27-5151650	501(C)(3)	10,000				TO EMPLOY A PROGRAM COORDINATOR

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL CONNECTIONS OF BOWLING GREEN OHIO INC 519 WEST WOOSTER STREET BOWLING GREEN, OH 43402	20-0270609	501(C)(3)	9,000				MONTHLY OPERATING FUNDS
GLORIA DEI LUTHERAN CHURCH 5845 ELMER DR TOLEDO, OH 43615	34-6528567	501(C)(3)	30,659				GENERAL SUPPORT

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

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GOOD GRIEF OF NORTHWEST OHIO 7015 SPRING MEADOWS DRIVE WEST SUITE 201 HOLLAND, OH 43528	46-0765319	501(C)(3)	10,000				GENERAL SUPPORT & GIVING TUESDAY NWO SUPPORT
GOODWILL INDUSTRIES OF NORTHWEST OHIO INC 1120 MADISON AVE TOLEDO, OH 43604	34-4434288	501(C)(3)	9,970				POWER OF WORK PROJECT

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

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GRACE COMMUNITY CENTER 406 W DELAWARE TOLEDO, OH 43610	34-1262055	501(C)(3)	40,000				GENERAL SUPPORT, FINISH GARDEN PROJECT
GRACE LUTHERAN CHURCH 705 WEST STATE STREET FREMONT, OH 43420	41-1568278	501(C)(3)	100,000				GENERAL SUPPORT & CHARITY FUND

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

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GRACE UNITED METHODIST CHURCH 601 E BOUNDARY PERRYSBURG, OH 43551	34-0896206	501(C)(3)	5,000				BUILDING FUND
GREAT LAKES COLLABORATIVE FOR AUTISM 2040 W CENTRAL AVE TOLEDO, OH 43606	20-1534537	501(C)(3)	81,000				TRAN OPERATIONAL NEEDS, COMMUNITY NEEDS ASSESSMENT, VENTURE BOND, INNOVATION & EXCELLENCE - SMALL ORGANIZATION AWARDEE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER HOUSTON COMMUNITY FOUNDATION 5120 WOODWAY DRIVE SUITE 600 HOUSTON, TX 77056	23-7160400	501(C)(3)	7,000				HURRICANE HARVEY RELIEF FUND
GUIDE DOGS FOR THE BLIND INC PO BOX 151200 SAN RAFAEL, CA 94915	94-1196195	501(C)(3)	18,146				ANNUAL DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY - MAUMEE VALLEY 1310 CONANT ST MAUMEE, OH 43537	34-1584728	501(C)(3)	10,000				HOME REPAIR MINISTRY PROGRAM
HABITAT FOR HUMANITY OF WOOD COUNTY OH PO BOX 235 BOWLING GREEN, OH 43402	91-2043423	501(C)(3)	5,291				ANNUAL DISTRIBUTION

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

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HARVEY HOUSE 2039 WEST LASKEY ROAD TOLEDO, OH 43613	47-3744584	501(C)(3)	5,000				2016 GIVING TUESDAY DRAWING WINNER
HEADWATERS LAND CONSERVANCY 110 SOUTH ELM AVENUE GAYLORD, MI 49735	38-3183846	501(C)(3)	5,000				GENERAL SUPPORT

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

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HEALTHNETWORK FOUNDATION INC 33 RIVER STREET CHAGRIN FALLS, OH 44022	04-3804600	501(C)(3)	5,000				GENERAL SUPPORT
HEARTBEAT OF TOLEDO 4041 W SYLVANIA AVE SUITE LL4 TOLEDO, OH 43623	23-7404777	501(C)(3)	6,750				EXPAND THE NUMBER OF PARENT EDUCATION CLASSES

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

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HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	5,000				TOILETS FOR INDIA & NEPAL FARMING FOR WOMEN
HISTORIC SOUTH INITIATIVE PO BOX 1008 TOLEDO, OH 43697	47-1691856	501(C)(3)	45,000				GENERAL SUPPORT, PROGRAM INITIATIVE SUPPORT & FUNDING ADDITIONAL STAFF

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

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HOSPICE OF LENAWEE INC 1903 WOLF CREEK HIGHWAY ADRIAN, MI 49221	38-2414012	501(C)(3)	25,347				GENERAL SUPPORT & CAMMP MENDING HEARTS AND GRIEF COUNSELING SERVICES
HOSPICE OF NORTHWEST OHIO 30000 EAST RIVER ROAD PERRYSBURG, OH 43551	34-1283188	501(C)(3)	271,535				HOSPICE OF NORTHWEST OHIO PALLIATIVE CARE PROGRAM, ANNUAL DISTRIBUTION, LIGHT UP A LIFE ANNUAL CAMPAIGN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOTCHKISS SCHOOL 11 INTERLAKEN RD LAKEVILLE, CT 06039	06-0647018	501(C)(3)	14,035				ANNUAL DISTRIBUTION
HUDSON WESLEYAN CHURCH 229 HILL ST HUDSON, MI 49247	35-1148762	501(C)(3)	5,000				HUDSON MINISTERIAL ASSOCIATION FOOD PANTRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HURON PINES RESOURCE CONSERVATION & DEVELOPMENT COUNCIL INC 4241 OLD US 27 SOUTH SUITE 2 GAYLORD, MI 49735	38-2502172	501(C)(3)	10,450				TROUT HABITAT RESTORATION PROJECT (AUSABLE RIVER)
IMAGINATION STATION 1 DISCOVERY WAY TOLEDO, OH 43604	31-1337258	501(C)(3)	177,976				EDUCATING FOR INNOVATION AT IMAGINATION STATION, GENERAL SUPPORT, LUCAS COUNTY TINKERS

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

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INCLUSIVE FOR WOMEN DBA WOMEN OF TOLEDO 425 JEFFERSON ST 3RD FLOOR TOLEDO, OH 43604	47-3035322	501(C)(3)	5,000				EDUCATIONAL INITIATIVES ON ECONOMIC EMPOWERMENT PROGRAM
INDIAN RIVER HOSPITAL FOUNDATION 1000 36TH STREET VERO BEACH, FL 32962	59-0760215	501(C)(3)	10,000				EAGLE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INTERNATIONAL BOXING CLUB INC 5965 TELEGRAPH RD TOLEDO, OH 43612	34-1871057	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BOULEVARD LOS ANGELES, CA 90025	95-3949646	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ISLAMIC INSTITUTE OF AMERICA 23500 FORD ROAD SUITE 1 DEARBORN HEIGHTS, MI 48127	45-2406169	501(C)(3)	10,000				GENERAL SUPPORT
ISOHIMPACT DBA IMPACT WITH HOPE 25182 WEST RIVER ROAD PERRYSBURG, OH 43551	34-1470104	501(C)(3)	7,500				KIDS AGAINST HUNGER TOLEDO MINISTRY-MEAL PACK EVENT (MAY 5, 2017)

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

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JEWISH COMMUNITY ASSOCIATION OF GREATER PHOENIX 12701 NORTH SCOTTSDALE ROAD SCOTTSDALE, AZ 85254	45-3910992	501(C)(3)	18,000				TO SUPPORT YMCA OF GREATER TOLEDO STORER CAMP RESIDENTIAL SUMMER CAMPERSHIP PROGRAM
JONSSON CANCER CENTER FOUNDATION - UCLA 8-950 FACTOR BUILDING PO BOX 951780 951780 LOS ANGELES, CA 90095	95-2242757	501(C)(3)	10,000				DOUBLING THE IMPACT OF HIGHEST PRIORITY RESEARCH FUNDING

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

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JOSINA LOTT FOUNDATION 120 S HOLLAND-SYLVANIA ROAD TOLEDO, OH 43615	23-7365555	501(C)(3)	167,733				MULTIPLE CAPITAL IMPROVEMENT PROJECTS
KETTERING UNIVERSITY 1700 UNIVERSITY AVENUE FLINT, MI 48504	38-2410852	501(C)(3)	20,000				MATCHING GRANT - FOUNDER'S DAY OF GIVING

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

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KIDNEY FOUNDATION OF NORTHEWEST OHIO 3100 W CENTRAL AVE STE 150 TOLEDO, OH 436062196	34-1133682	501(C)(3)	31,000				AN EVALUATION OF THE PATIENT SERVICES PROGRAM OF THE KIDNEY FOUNDATION OF NORTHWEST OHIO FUNDS ARE AWARDED TO SUPPORT A COMPREHENSIVE EVALUATION OF THE PATIENT SERVICES PROGRAM IN PARTNERSHIP WITH THE UNIVERSITY OF TOLEDO CENTER FOR HEALTH AND SUCCESSFUL LIVING GRANT FUNDS MAY ONLY BE USED TO COVER EXPENSES OUTLINED IN THE PROJECT BUDGET
LAKE ERIE MARSHES ASSOCIATION DBA FRIENDS OF OTTAWA NATIONAL WILDLIFE REFUG 14000 WEST STATE ROUTE 2 OAK HARBOR, OH 43449	34-1904821	501(C)(3)	50,000				GENERAL SUPPORT

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

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LAMBIE'S LEGACY ONE SEAGATE SUITE 1600 TOLEDO, OH 436041584	45-5603218	501(C)(3)	5,000				SUPPORT FOR GENETIC TESTING AND COUNSELING PROGRAM
LEADERSHIP TOLEDO 316 ADAMS STREET TOLEDO, OH 43604	34-1197734	501(C)(3)	36,400				YIPEE PROGRAM

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

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LEELANAU CONSERVANCY PO BOX 1007 105 N FIRST STREET LELAND, MI 49654	38-2710855	501(C)(3)	6,000				GENERAL SUPPORT
LEOPOLD LANDSCAPE ALLIANCE 111 CLAY STREET BURLINGTON, IA 52601	47-2034886	501(C)(3)	20,000				ACQUISITION/DEVELOPMENT OF STARKER-LEOPOLD HOUSE & EDUCATIONAL PROGRAMMING/COLLABORATIVE OUTREACH RELATED TO LEOPOLD'S "LAND ETHIC" PRINCIPLES

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

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LIAL CATHOLIC SCHOOL 5700 DAVIS RD WHITEHOUSE, OH 43571	31-1562232	501(C)(3)	5,000				REPAIR OUR BROKEN WING
LIBERTY CENTER OF SANDUSKY COUNTY 1421 E STATE ST FREMONT, OH 43420	34-1731459	501(C)(3)	40,000				GENERAL SUPPORT

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

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LIBRARY LEGACY FOUNDATION OF THE TOLEDO-LUCAS COUNTY LIBRARY 325 MICHIGAN STREET TOLEDO, OH 43604	34-1632308	501(C)(3)	30,000				PLANTING A SEED TO READ CAMPAIGN, INCLUDING SPECIAL PROGRAMMING WITH EMPHASI
LINDSEY VOLUNTEER FIRE DEPARTMENT 238 S MAIN STREET LINDSEY, OH 43442	20-1155725	501(C)(3)	5,000				LVFD COMMUNITY FIRE STATION CAPITAL CAMPAIGN - HONOR GUARD LEVEL

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

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LOCAL INITIATIVES SUPPORT CORPORATION 500 MADISON AVE SUITE 312 TOLEDO, OH 43604	13-3030229	501(C)(3)	7,000				COMMUNITY ENGAGEMENT TO SUPPORT THE MONROE STREET CORRIDOR
LOURDES UNIVERSITY 6832 CONVENT BOULEVARD SYLVANIA, OH 43560	34-1226547	501(C)(3)	17,500				AFTERSCHOOL TUTORING PROJECT

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

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MAGDALEN COLLEGE 511 KEARSAGE MOUNTAIN ROAD WARNER, NH 03278	02-0309681	501(C)(3)	17,813				SCHOLARSHIP (IN MEMORY OF REV THOMAS SPARKS) FOR THIRD AND FOURTH YEAR STUDENTS WITH A B OR HIGHER GPA
MAGDALENE ST LOUIS INC PO BOX 1143 ST LOUIS, MO 63188	90-0855622	501(C)(3)	10,000				GENERAL SUPPORT

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

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MALAWI CHILDRENS VILLAGE FOUNDATION INC PO BOX 240547 ANCHORAGE, AK 99524	16-1526805	501(C)(3)	15,000				GENERAL SUPPORT
MAUMEE CITY BOARD OF EDUCATION 716 ASKINS STREET MAUMEE, OH 43537		501(C)(3)	5,000				COLLIN DOYLE MEMORIAL SCHOLARSHIP FUND

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

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MAUMEE VALLEY COUNTRY DAY SCHOOL 1715 S REYNOLDS RD TOLEDO, OH 43614	34-4431301	501(C)(3)	54,035				BOEHM RECOGNITION, ANNUAL DISTRIBUTION, ENDOWMENT FUND, DEBT RETIREMENT FUND
MEDICAL EQUIPMENT AND SUPPLIES ABROAD (MESA) 1092 BENDING BROOK LANE WATERVILLE, OH 43566	34-1522779	501(C)(3)	10,000				MESA

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

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MERCY HEALTH FOUNDATION 2213 CHERRY ST ACC SUITE 307 TOLEDO, OH 43608	20-1072726	501(C)(3)	5,560				GENERAL SUPPORT
METROPARKS OF THE TOLEDO AREA 5100 WEST CENTRAL AVE TOLEDO, OH 43615	57-1138357	501(C)(3)	18,146				ANNUAL DISTRIBUTION

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

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MINOR LEAGUE BASEBALL CHARITIES 9550 16TH STREET NORTH ST PETERSBURG, FL 33716	26-1569066	501(C)(3)	15,083				HARVEY RELIEF FUND
MOBILE MEALS OF TOLEDO 2200 JEFFERSON AVENUE TOLEDO, OH 43604	34-1019610	501(C)(3)	5,000				MEAL CLIENT ASSISTANCE PROGRAM

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

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MOM'S HOUSE OF TOLEDO 2505 FRANKLIN AVENUE TOLEDO, OH 43610	34-1710362	501(C)(3)	10,000				FAMILY WELLNESS PROGRAM
MONROE STREET NEIGHBORHOOD CENTER 3613 MONROE STREET TOLEDO, OH 43606	34-1925952	501(C)(3)	10,000				MAUMEE WATERSHED UMC/MONROE STREET FREEDOM SCHOOL

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

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MONROE STREET UNITED METHODIST CHURCH MAUMEE WATERSHED UMC 3613 MONROE STREET TOLEDO, OH 43604	34-0896206	501(C)(3)	15,700				GENERAL SUPPORT
NAMI OF GREATER TOLEDO 2753 WEST CENTRAL AVE TOLEDO, OH 43606	34-1723306	501(C)(3)	20,000				NAMI KIDSHOP & NAMI EDUCATION PROGRAM

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NATIONAL PARK TRUST 401 E JEFFERSON STREET 207 ROCKVILLE, MD 20850	52-1691924	501(C)(3)	15,000				SOLAR POWER AT CHANNEL ISLANDS NATIONAL PARK
NATURE'S NURSERY PO BOX 2395 WHITEHOUSE, OH 43571	34-1603377	501(C)(3)	8,000				WILDLIFE REHABILITATION AND EDUCATION CAGE CONSTRUCTION

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

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NORTHPOINT CHURCH 3708 W LASKEY RD TOLEDO, OH 43623	34-6660809	501(C)(3)	10,000				PASTOR BRAD'S HAITI WORK
OHIO EDUCATION WATCH 175 EAST WASHINGTON STREET BOWLING GREEN, OH 43402	82-1651132	501(C)(3)	5,000				OHIO EDUCATION WATCH

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OHIO ENVIRONMENTAL COUNCIL 1145 CHESAPEAKE AVE SUITE I COLUMBUS, OH 43212	31-0805578	501(C)(3)	15,000				GENERAL SUPPORT
OHIO FOUNDATION OF INDEPENDENT COLLEGES 250 EAST BROAD ST SUITE 1700 COLUMBUS, OH 43215	31-4441082	501(C)(3)	10,000				THE FIRST SOLAR CORPORATION SCHOLARSHIP PROGRAM

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OHIO LIVING FOUNDATION 1001 KINGSMILL PARKWAY COLUMBUS, OH 43229	34-4429863	501(C)(3)	5,000				LIFE CARE COMMITMENT PROGRAM
OLIVET EVANGELICAL LUTHERAN CHURCH 5840 MONROE STREET SYLVANIA, OH 43560	34-4461567	501(C)(3)	30,000				GENERAL SUPPORT

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OPEN DOOR MINISTRY INC 2823 CHERRY ST TOLEDO, OH 43608	34-1555495	501(C)(3)	5,000				GENERAL OPERATIONS
OTTAWA COUNTY COMMUNITY FOUNDATION P O BOX 36 PORT CLINTON, OH 43452	34-1899124	501(C)(3)	78,524				COMMUNITY NEEDS GRANTMAKING - 2017 & GENERAL OPERATIONS

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OTTAWA HILLS SCHOOLS FOUNDATION 3600 INDIAN RD OTTAWA HILLS, OH 43606	46-3032381	501(C)(3)	100,000				OTTAWA HILLS SCHOOLS FOUNDATION STEM FUND
PANTHER PRIDE FOUNDATION 1147 SACO STREET MAUMEE, OH 43537	81-1366579	501(C)(3)	15,000				MAUMEE CITY SCHOOLS STADIUM CAMPAIGN & GENERAL SUPPORT

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PARTNERS IN EDUCATION 1500 N SUPERIOR SUITE 306 TOLEDO, OH 43604	34-1772429	501(C)(3)	56,765				COLLEGE & CAREER READY SET GO FUNDS & AFTERSCHOOL ALLIANCE PROGRAM
PATHWAY INCLUSION CENTER INC 3928 HARBOR LIGHT LANDING DR PORT CLINTON, OH 43452	47-5557020	501(C)(3)	5,000				GENERAL SUPPORT

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PEACE LUTHERAN CHURCH 1021 W WOOSTER BOWLING GREEN, OH 43402	36-3514295	501(C)(3)	10,000				CHURCH FINANCES AT THE DISCRETION OF THE CHURCH COUNCIL
PERRYSBURG EXEMPTED VILLAGE SCHOOL DISTRICT 140 EAST INDIANA AVE PERRYSBURG, OH 43551	34-1449403	501(C)(3)	562,208				HUSKISSON ATHLETIC COMPLEX

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PERRYSBURG HEIGHTS COMMUNITY ASSOCIATION PO BOX 612 PERRYSBURG, OH 43552	31-1329031	501(C)(3)	17,208				ANNUAL DISTRIBUTION
PHILANTHROPY OHIO 500 SOUTH FRONT STREET SUITE 900 COLUMBUS, OH 43215	31-1111842	501(C)(3)	11,975				2017 DUES

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PHILLIPS EXETER ACADEMY 20 MAIN STREET EXETER, NH 03833	02-0222174	501(C)(3)	50,000				PERFORMING ARTS, ANNUAL GIFT
PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK, RI 02886	13-5661832	501(C)(3)	5,000				GENERAL SUPPORT

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PRAIRIE HILLS RESOURCE CONSERVATION AND DEVELOPMENT INC INC 321 WEST UNIVERSITY DRIVE MACOMB, IL 61455	37-1206873	501(C)(3)	5,000				FOR YOUTH EDUCATINAL ACTIVITIES RELATED TO THE LISA PRAIRIE IN COLLABORATION WITH LEOPOLD LANDSCAPE ALLIANCE (IOWA) AND BLACK SWAMP CONSERVANCY (PERRYSBURG)
PROMEDICA FOUNDATION 444 N SUMMIT ST SUITE 100 TOLEDO, OH 43604	34-1517672	501(C)(3)	62,255				HICKMAN CANCER CENTER, UNMASKING MENTAL ILLNESS, HARP & GENERATIONS OF CARE CAMPAIGN

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

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PROMEDICA HEALTH SYSTEM INC 100 MADISON AVE TOLEDO, OH 43604	34-1517671	501(C)(3)	29,921				2017 SUMMER YOUTH EMPLOYMENT PROGRAM PARTNERSHIP WITH THE UNITED WAY OF GREATER TOLEDO
PUBLIC BROADCASTING FOUNDATION OF NORTHWEST OHIO 1270 SOUTH DETROIT AVENUE PO BOX 30 30 TOLEDO, OH 43614	34-6554586	501(C)(3)	87,050				GENERAL SUPPORT, MORNING EDITION, FAMILY DAY 2017

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

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READ FOR LITERACY INC 325 NORTH MICHIGAN STREET TOLEDO, OH 43604	34-1516490	501(C)(3)	15,000				CLAIRE'S DAY 2017, GENERAL OPERATIONS, CREATING YOUNG READERS LIBRARY & AFTERSCHOOL OUTREACH
RE-VOLV 5 THIRD STREET SUITE 900 SAN FRANCISCO, CA 94103	45-1035583	501(C)(3)	10,000				SOLAR AMBASSADOR PROGRAM

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

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ROTARY DISTRICT 6600 FOUNDATION 8638 QUAIL HOLLOW COURT HOLLAND, OH 43528	33-1214160	501(C)(3)	9,000				ALUOI WATER
RUTHERFORD B HAYES PRESIDENTIAL CENTER 1 SPIEGEL GROVE FREMONT, OH 43420	34-6502740	501(C)(3)	25,367				BREAKFAST ROOM RESTORATION & HANDICAP ACCESSIBILITY IMPROVEMENT

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

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SADR FOUNDATION 4241 MAPLE STREET SUITE 250 A DEARBORN, MI 48126	38-3459402	501(C)(3)	10,000				GENERAL SUPPORT
SALVATION ARMY NORTHWEST OHIO AREA SERVICES 620 N ERIE ST TOLEDO, OH 43604	13-5562351	501(C)(3)	25,347				GENERAL SUPPORT, TO HELP PROVIDE SERVICES TO RESIDENTS OF FULTON COUNTY, OH

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SANDUSKY COUNTY FOOD PANTRY PO BOX 445 FREMONT, OH 43420	34-1212279	501(C)(3)	40,000				GENERAL SUPPORT
SANDUSKY COUNTY SHARE & CARE CENTER PO BOX 392 FREMONT, OH 43420	34-1671911	501(C)(3)	10,000				GENERAL SUPPORT, DIRECT ASSISTANCE TO CLIENTS

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

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SAUDER VILLAGE PO BOX 235 ARCHBOLD, OH 43502	23-7042835	501(C)(3)	20,000				ANNUAL FUND, CAPITAL CAMPAIGN
SERIOUS FUN CHILDREN'S NETWORK 228 SAUGATUCK AVENUE WESTPORT, CT 06880	31-1794455	501(C)(3)	20,000				EXPENSES RELATED TO SERIOUSFUN WATER CAMPS' PURCHASE OF ADDITIONAL EMERGENCY WATERCRAFTS, ADDITIONAL OR REPLACEMENT LIFE JACKETS AND ANCILLARY SAFETY EQUIPMENT, MAINTENANCE FOR EMERGENCY WATERCRAFT AND EQUIPMENT ($19,000) & GRANT ADMIN EXPENSES ($1,000)

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

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SHRINERS HOSPITAL FOR CHILDREN - PERRYSBURG CHAPTER ZENOBIA SHRINERS 8048 BROADSTONE AVE PERRYSBURG, OH 43571	36-2193608	501(C)(3)	20,000				GENERAL SUPPORT
SIOP FOUNDATION INC 440 EAST POE RD SUITE 101 BOWLING GREEN, OH 43402	34-1875995	501(C)(3)	74,071				2018 AWARDS, SCHOLARSHIPS, FELLOWSHIP, AND SMALL GRANTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SISTERS OF NOTRE DAME 3837 SECOR ROAD TOLEDO, OH 43623	34-4428251	501(C)(3)	20,000				CAMPAIGN SUPPORT
SISTERS OF PROVIDENCE 5 GAMELIN STREET HOLYOKE, MA 01040	04-2108390	501(C)(3)	9,370				ANNUAL DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SISTERS OF SOCIAL SERVICE 4316 LANAI ROAD ENCINO, CA 91436	95-1793704	501(C)(3)	5,000				PHILIPPINES COLLEGE SCHOLARSHIP FUND FOR MICHELE WALSH'S MISSION WORK
SOCIAL SERVICES FOR THE ARAB COMMUNITY 2545 MONROE STREET TOLEDO, OH 43620	45-5580082	501(C)(3)	16,650				FINANCIAL LITERACY EDUCATIONAL PROGRAM (FLEP) & FAMILY EDUCATION PLAN

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

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SOCIETY FOR THE PRESERVATION OF NEW ENGLAND ANTIQUITIES DBA HISTORIC NEW EN 141 CAMBRIDGE STREET BOSTON, MA 021142702	04-2104937	501(C)(3)	256,251				2017 DISTRIBUTION TO SUPPORT EXPENSES TO MAINTAIN AND PRESERVE THE BISHOP HOUSE & TO ENDOW THE MARY BISHOP WHITNEY EDUCATION FUND
SOUTHEASTERN GUIDE DOGS INC 4210 77TH ST EAST PALMETTO, FL 34221	59-2252352	501(C)(3)	25,000				VETERANS' SERVICE DOG TEAM

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

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SOUTHERN INVESTIGATIVE REPORTING FOUNDATION 3819 PARK AVENUE WILMINGTON, NC 28403	45-5560402	501(C)(3)	10,000				GENERAL SUPPORT
ST ALOYSIUS CHURCH PO BOX 485 150 S ENTERPRISE ST BOWLING GREEN, OH 43402	53-0196617	501(C)(3)	9,370				ANNUAL DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST FRANCIS DE SALES HIGH SCHOOL 2323 W BANCROFT STREET TOLEDO, OH 43607	34-4465715	501(C)(3)	61,000				CLASS FUND OF 1967, ANNUAL FUND, TUITION ASSISTANCE, GARY BRYAN/JIM NEARY HARRIER SCHOLARSHIP
ST JEROME PARISH 300 WARNER STREET WALBRIDGE, OH 43465	53-0196617	501(C)(3)	5,000				2017 BUILDING FUND

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

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ST JOAN OF ARC PARISH 5856 HEATHERDOWNS BLVD TOLEDO, OH 43614	53-0196617	501(C)(3)	26,000				2017 BUILDING FUND, GENERAL SUPPORT
ST JOHN XXIII PARISH 24250 DIXIE HWY PERRYSBURG, OH 43551	20-5031249	501(C)(3)	7,500				SUPPORT FOR THE THRESHOLD TO TOMORROW CAMPAIGN

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

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ST JOHN'S JESUIT HIGH SCHOOL 5901 AIRPORT HIGHWAY TOLEDO, OH 436157399	34-0966076	501(C)(3)	60,000				20/20 PROGRAM - ADOPT A STUDENT (FOR FOUR STUDENTS) - FIRST OF FOUR PAYMENTS
ST LUCAS EVANGELICAL LUTHERAN CHURCH 745 WALBRIDGE AVE TOLEDO, OH 43609	41-1568278	501(C)(3)	30,000				GENERAL SUPPORT

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

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ST MATTHEW'S EPISCOPAL CHURCH 5240 TALMADGE ROAD TOLEDO, OH 43623	31-1629166	501(C)(3)	10,000				GENERAL SUPPORT
ST MICHAEL'S IN THE HILLS EPISCOPAL CHURCH 4718 BRITTANY ROAD TOLEDO, OH 43615	31-1629166	501(C)(3)	25,000				GENERAL SUPPORT

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

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ST PAUL'S COMMUNITY CENTER PO BOX 9564 TOLEDO, OH 43604	34-1252554	501(C)(3)	7,435				TPD CAMERA SECURITY
ST PAUL'S EPISCOPAL CHURCH 310 ELIZABETH STREET MAUMEE, OH 43537	31-1629166	501(C)(3)	31,000				ANNUAL, CAPITAL CAMPAIGN - FOURTH PAYMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST PAUL'S EPISCOPAL CHURCH 206 NORTH PARK AVENUE FREMONT, OH 43420	34-0714658	501(C)(3)	30,000				ANNUAL DISTRIBUTION
ST PETER SCHOOL (TRANSFIGURATION OF THE LORD CATHOLIC PARISH) 225 NORTH 8TH STREET UPPER SANDUSKY, OH 43351	53-0196617	501(C)(3)	57,988				ANNUAL DISTRIBUTIONS AND GENERAL OPERATIONS

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

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ST TIMOTHY'S EPISCOPAL CHURCH 871 EAST BOUNDARY STREET PERRYSBURG, OH 43551	34-0714658	501(C)(3)	20,935				GENERAL OPERATING, ANNUAL DISTRIBUTION
ST URSULA ACADEMY 4025 INDIAN ROAD TOLEDO, OH 43606	34-0873639	501(C)(3)	5,000				ANNUAL FUND IN MEMORY OF ELEANOR HARBAUGH

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

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ST VINCENT DE PAUL SOCIETY ST WENDELIN CONFERENCE INC 323 N WOOD ST FOSTORIA, OH 44830	27-5066713	501(C)(3)	5,000				HELPING OTHERS DURING THEIR TIME OF NEED WITH UTILITY PAYMENTS
ST WENDELIN PARISH & SCHOOLS 323 NORTH WOOD STREET FOSTORIA, OH 44830	34-4441016	501(C)(3)	50,000				TRANSITION FROM COUNTYLINE ST TO WOOD ST PROPERTY

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

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STRANAHAN THEATER TRUST 4645 HEATHERDOWNS BLVD TOLEDO, OH 43614	34-6560639	501(C)(3)	337,918				OPERATIONAL OR CAPITAL NEEDS & THEATER SOUND/PROJECTOR SYSTEM PROJECT
SUNSET RETIREMENT COMMUNITIES 4040 INDIAN ROAD TOLEDO, OH 436062292	34-4428230	501(C)(3)	5,000				GENERAL SUPPORT

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

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SUNSHINE FOUNDATION INC 7223 MAUMEE WESTERN ROAD MAUMEE, OH 43537	34-1456069	501(C)(3)	80,000				AMAZING HAPPENS HERE EVERYDAY CAPITAL CAMPAIGN, ACCESSIBLE VEHICLES FOR COMMUNITY ENGAGEMENT & TRANSPORTATION ASSISTANCE
SUNSHINE INC RESIDENTIAL AND SUPPORT SERVICES 7223 MAUMEE WESTERN ROAD MAUMEE, OH 43537	34-4441627	501(C)(3)	8,000				FINAL PAYMENT

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

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SUSAN G KOMEN BREAST CANCER FOUNDATION INC AKA SUSAN G KOMEN FOR THE CURE 3100 WEST CENTRAL AVE 2ND FLOOR TOLEDO, OH 43606	75-2845063	501(C)(3)	10,000				SUPPORT
SYLVANIA ACADEMIC EXCELLENCE FOUNDATION 4747 N HOLLAND SYLVANIA ROAD SYLVANIA, OH 43560	34-6401388	501(C)(3)	10,393				2017 DISTRIBUTION

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

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SYLVANIA AREA FAMILY SERVICES INC 5440 MARSHALL ROAD SYLVANIA, OH 43560	34-1125908	501(C)(3)	17,316				PRIOR YEAR DISTRIBUTION, 2017 DISTRIBUTION
THE 577 FOUNDATION 577 E FRONT STREET PERRYSBURG, OH 43551	34-1591869	501(C)(3)	578,300				2017 OPERATING NEEDS

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

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THE AUTISM ACADEMY OF LEARNING 110 ARCO DRIVE TOLEDO, OH 436072961	34-1961680	501(C)(3)	10,000				OUTDOOR PLAYGROUND
THE HOSPITAL COUNCIL OF NORTHWEST OHIO 3231 CENTRAL PARK WEST DRIVE SUITE 200 TOLEDO, OH 43617	34-1116795	501(C)(3)	60,000				NORTHWEST OHIO PATHWAYS HUB EXPANSION

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

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THE MIRACLE LEAGUE OF NORTHWEST OHIO 811 ELKRIDGE NORTHWOOD, OH 43619	20-4979084	501(C)(3)	15,000				ML PHASE II PROJECT
THE NATURE CONSERVANCY - OHIO CHAPTER 6375 RIVERSIDE DRIVE SUITE 100 DUBLIN, OH 43017	53-0242652	501(C)(3)	30,000				GREAT EGRET MARSH PRESERVE

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

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THE NORMA STARK MEMORY GARDEN AND LABYRINTH P O BOX 410 PERRYSBURG, OH 43552	45-4223843	501(C)(3)	37,762				ANNUAL DISTRIBUTION - GENERAL SUPPORT
THE OHIO STATE UNIVERSITY FOUNDATION OFFICE OF DEVELOPMENT 1480 W LANE AVENUE COLUMBUS, OH 43221	31-1145986	501(C)(3)	55,000				STONE LAB, DEPART OF ATHLETICS BUCKEYE CLUB, IMMERSIVE SCIENTIFIC LEARNING

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

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THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL 1560 SHERMAN AVE EVANSTON, IL 60201	36-3245072	501(C)(3)	71,689				PREVENTING CHRONIC KIDNEY DISEASE IN SRI LANKA & POLIO MATCH
THE TOLEDO HOSPITAL 2142 NORTH COVE BOULEVARD TOLEDO, OH 43606	34-4428256	501(C)(3)	14,035				ANNUAL DISTRIBUTION

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THE TURTLE SURVIVAL ALLIANCE FOUNDATION 1989 COLONIAL PKWY FORT WORTH, TX 76110	20-0785702	501(C)(3)	10,000				GENERAL SUPPORT
THE UNIVERSITY OF FINDLAY 415 COLLEGE STREET FINDLAY, OH 45840	34-4431169	501(C)(3)	6,200				MAZZA MUSEUM - $5,000, CENTER FOR STUDENT LIFE AND COLLEGE OF BUSINESS FOR A CEMENT BENCH - $1,200

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

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THE UNIVERSITY OF TOLEDO FOUNDATION 2801 WEST BANCROFT STREET MS 318 TOLEDO, OH 43606	34-6555110	501(C)(3)	155,500				HUMAN TRAFFICKING PATH PROJECT, GENERAL SUPPORT, UTMC MEDICAL RESEARCH, THE UNIVERSITY OF TOLEDO ATHLETIC DEPT, FAMILY BUSINESS CENTER, COLLEGE OF ENGINEERING SCHOLARSHIP, IRKASWAA KENYA WATER PROJECT, HARMFUL ALGAE UNMANNED COLLECTION BOAT,
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	13-3705951	501(C)(3)	25,000				GENERAL SUPPORT

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THOMAS M WERNERT CENTER 208 WEST WOODRUFF TOLEDO, OH 43604	34-1723305	501(C)(3)	15,000				2017 INNOVATION AND EXCELLENCE - LARGE ORGANIZATION AWARDEE & PEER ENRICHMENT AND OUTREACH PROGRAM
TOLEDO ANIMAL SHELTER ASSOCIATION INC 640 WYMAN ROAD TOLEDO, OH 43609	34-4434000	501(C)(3)	56,208				ANNUAL DISTRIBUTION

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TOLEDO AREA CHAMBER FOUNDATION 300 MADISON AVENUE TOLEDO, OH 43604	34-1342220	501(C)(3)	5,000				INTERNATIONAL TRADE ASSISTANCE CENTER SUPPORT
TOLEDO BOTANICAL GARDEN DBA TOLEDO GROWS 900 ONEIDA ST TOLEDO, OH 43608	34-1350559	501(C)(3)	25,000				TOLEDO GROWS COMMUNITY GARDENING PROGRAM

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TOLEDO CULTURAL ARTS CENTER AT THE VALENTINE THEATRE 410 ADAMS STREET TOLEDO, OH 43604	34-1385037	501(C)(3)	20,159				CLOSE OUT FUND, SEAT REPAIR & LINEN REPLACEMENT PROJECT
TOLEDO FOOTBALL ACADEMY (TFA) 5915 WATERVILLE MONCLOVA ROAD WATERVILLE, OH 43566	26-0579212	501(C)(3)	8,000				TOLEDO TOPSOCCER

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TOLEDO LUCAS COUNTY HOMELESSNESS BOARD 1946 N 13TH STREET437 TOLEDO, OH 43604	72-1604255	501(C)(3)	6,663				ID ME CLIENT IDENTIFICATION PROGRAM
TOLEDO MUD HENS BASEBALL CLUB INC FIFTH THIRD FIELD 406 WASHINGTON STREET TOLEDO, OH 43604		501(C)(3)	26,803				SUPPORT FOR THE 2017 MUDDY'S KNOTHOLE CLUB SCHOOL DAY'S PROGRAM

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

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TOLEDO MUSEUM OF ART PO BOX 1013 TOLEDO, OH 43697	34-4434678	501(C)(3)	260,378				PRESIDENT'S COUNCIL, APOLLO SOCIETY, DIRECTOR'S CIRCLE, POLISHING THE GEM CAMPAIGN, ANNUAL SUPPORT, OPERA CAMP, OPERA ON WHEELS & ENDOWMENT CAMPAIGN
TOLEDO NORTHWESTERN OHIO FOOD BANK INC 24 E WOODRUFF AVENUE TOLEDO, OH 43624	34-1441016	501(C)(3)	40,000				GENERAL SUPPORT

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TOLEDO OPERA ASSOCIATION 425 JEFFERSON AVENUE SUITE 601 TOLEDO, OH 43604	34-6556139	501(C)(3)	56,000				OPERA CAMP, OPERA ON WHEELS, KEVIN BYLSMA, ANNUAL SUPPORT, ENDOWMENT CAMPAIGN
TOLEDO ORCHESTRA ASSOCIATION INC DBA TOLEDO SYMPHONY PO BOX 407 TOLEDO, OH 43697	34-4005365	501(C)(3)	50,000				ANNUAL SUPPORT, GENERAL SUPPORT,COMMUNITY MUSIC LESSONS PROGRAM

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TOLEDO PUBLIC SCHOOLS SUMMIT ANNEX BUILDING 1609 N SUMMIT STREET TOLEDO, OH 43604	34-6401449	501(C)(3)	5,000				WHITTIER ELEMENTARY SCHOOL TEEN PREP PROGRAM SUPPORT
TOLEDO REPERTOIRE THEATRE 16 10TH STREET TOLEDO, OH 43604	34-4403900	501(C)(3)	11,800				GENERAL OPERATIONS & UPDATING LIGHTING & SOUND EQUIPMENT FOR YOUNG REP SHOWS

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

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TOLEDO SCHOOL FOR THE ARTS 333 14TH STREET TOLEDO, OH 43604	34-1876647	501(C)(3)	23,789				GENERAL OPERATIONS, SUPPORT FOR THE DIVERSITY COORDINATOR, ELECTRIC PIANO PROJECT
TOLEDO SOCIETY FOR THE BLIND DBA THE SIGHT CENTER 1002 GARDEN LAKE PARKWAY TOLEDO, OH 43614	34-4428258	501(C)(3)	13,285				DOOMSDAY JERSEY RAFFLE AND AUCTION

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

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TOLEDO ZOOLOGICAL SOCIETY PO BOX 140130 TOLEDO, OH 43614	34-4440256	501(C)(3)	173,260				AQUARIUM PROJECT, ZOO TEENS, ELEVATOR IN THE MUSEUM OF NATURAL HISTORY PROJECT, PLAY NATURALLY TOLEDO FUNDS
TRAINING FOR CHANGE PO BOX 30914 PHILADELPHIA, PA 19143	23-2933159	501(C)(3)	5,000				THE WEST VIRGINIA TRAINING PROJECT

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TRIDENT ACADEMY INC 1455 WAKENDAW RD MOUNT PLEASANT, SC 29464	57-0542727	501(C)(3)	10,000				PURCHASE OF CHROME BOOKS
TUTORSMART 1609 N SUMMIT ST TOLEDO, OH 43604	82-3147832	501(C)(3)	57,500				TUTORSMART

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UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQUARE CAMBRIDGE, MA 02138	04-2535767	501(C)(3)	15,000				GENERAL SUPPORT
UNITED WAY OF GREATER TOLEDO 424 JACKSON STREET TOLEDO, OH 43604	34-4427947	501(C)(3)	165,538				TOCQUEVILLE SOCIETY, GENERAL & ANNUAL SUPPORT, ANNUAL CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF KERSHAW COUNTY 110 EAST DEKALB STREET CAMDEN, SC 29020	57-0717334	501(C)(3)	5,000				GENERAL OPERATIONS
UNRULY ARTS 5403 ELMER DRIVE TOLEDO, OH 43615	81-4552172	501(C)(3)	12,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UPSTATE AFFILIATE ORGANIZATION DBA GREENVILLE HEALTH SYSTEM 701 GROVE ROAD GREENVILLE, SC 29605	81-1723202	501(C)(3)	33,750				ROGER C PEACE HOSPITAL WEST END CO-OP
US TOGETHER 2021 E DUBLIN - GRANVILLE RD SUITE 190 COLUMBUS, OH 43229	83-0395108	501(C)(3)	15,463				TOLEDO CHAPTER - ASSISTANCE FOR REFUGEE CHILDREN AND THEIR PARENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTORY CENTER 5532 WEST CENTRAL AVENUE SUITE B TOLEDO, OH 43615	34-1767997	501(C)(3)	7,305				2017 DISTRIBUTION
WECARE FOR STUDENTS DBA SCHOOL MINISTRIES OHIO PO BOX 544 UPPER SANDUSKY, OH 43351	26-1890420	501(C)(3)	15,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILD SALMON CENTER 721 NW NINTH AVENUE SUITE 300 PORTLAND, OR 97209	94-3166095	501(C)(3)	205,000				STRONGHOLD, ANNUAL GIFT
WILLIAMS COLLEGE OFFICE OF FINANCIAL AID PO BOX 37 WILLIAMSTOWN, MA 01267	04-2104847	501(C)(3)	28,070				ANNUAL DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WINEBRENNER THEOLOGICAL SEMINARY 950 NORTH MAIN ST FINDLAY, OH 45840	34-0877803	501(C)(3)	15,347				GENERAL SUPPORT
WINOUS POINT MARSH CONSERVANCY 3500 SOUTH LATTIMORE RD PORT CLINTON, OH 43452	34-1900372	501(C)(3)	12,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOOD COUNTY CLOVER LEGACY FOUNDATION PO BOX 271 BOWLING GREEN, OH 43402	81-1108031	501(C)(3)	105,000				GENERAL SUPPORT
WOOD COUNTY DISTRICT PUBLIC LIBRARY FOUNDATION 251 NORTH MAIN ST BOWLING GREEN, OH 43402	31-1417745	501(C)(3)	18,783				ANNUALDISTRIBUTION, GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOOD COUNTY HUMANE SOCIETY 801 VAN CAMP ROAD BOWLING GREEN, OH 43402	34-1119409	501(C)(3)	8,713				ANNUAL DISTRIBUTION
WOODLAWN CEMETERY HISTORICAL ASSOCIATION INC 1502 WEST CENTRAL AVENUE TOLEDO, OH 43606	34-1831168	501(C)(3)	5,000				GENERAL OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WYANDOT COUNTY BOARD OF DEVELOPMENT DISABILITIES 11028 COUNTY HIGHWAY 44 UPPER SANDUSKY, OH 43351	34-6401620	501(C)(3)	12,571				ANNUAL DISTRIBUTION
YMCA AND JCC OF GREATER TOLEDO 1500 NORTH SUPERIOR STREET SECOND FLOOR TOLEDO, OH 43604	34-4428262	501(C)(3)	18,181				YMCA YOUTH OPPORTUNITIES PROGRAM, WALK AND ROLL TO SCHOOL PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF COASTAL CAROLINA 5000 CLAIRE CHAPIN EPPS DRIVE PO BOX 7338 MYRTLE BEACH, SC 29577	57-0747196	501(C)(3)	19,817				CHALLENGE MATCH
YOUNG MUSICIANS FOUNDATION 244 S SAN PEDRO ST 5TH FLOOR SUITE 506 LOS ANGELES, CA 90012	95-2250007	501(C)(3)	5,000				TEACHING ARTIST PROGRAM (TAP)

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YWCA OF NORTHWEST OHIO 1018 JEFFERSON AVE TOLEDO, OH 43604	34-4428265	501(C)(3)	5,000				WOMEN TO WOMEN FUND

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
TOLEDO COMMUNITY FOUNDATION INC

Employer identification number
23-7284004

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KEITH BURWELL PRESIDENT	(i)	210,105	10,000	0	29,648	21,375	271,128	0
	(ii)	0	0	0	0	0	0	0
2 KIMBERLY CRYAN CHIEF FINANCIAL OFFICER	(i)	135,454	2,000	0	19,406	8,469	165,329	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PAYS FOR THE COST OF KEITH BURWELL'S MEMBERSHIP AT THE TOLEDO CLUB IN ORDER TO HAVE A PLACE FOR MEETINGS WITH ADVISORS AND DONORS ANY PERSONAL EXPENSES ARE KEITH'S TO REIMBURSE THE ORGANIZATION, AND ARE IDENTIFIED ON MONTHLY BILLS AND OFFSET ON EXPENSE REIMBURSEMENT FORMS
PART I, LINE 3	THE BOARD CHAIRMAN COORDINATES THE COMPENSATION PROCESS ALL MEMBERS OF THE BOARD GIVE INPUT TO THE CEO'S PERFORMANCE ADDITIONALLY, SALARY SURVEYS FOR THE FIELD AND COMPARISON OF OTHER LOCAL NON-PROFIT ORGANIZATIONS ARE REVIEWED AS PART OF THE PROCESS
PART I, LINE 4B	KEITH BURRELL $29,648 AND KIMBERLY CRYAN $19,406

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
TOLEDO COMMUNITY FOUNDATION INC

Employer identification number
23-7284004

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	74	1,830,932	MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
TOLEDO COMMUNITY FOUNDATION INC

Employer identification number
23-7284004

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY OUR OUTSIDE ACCOUNTANTS MUCH OF THE INFORMATION IS GATHERED A ND SUBMITTED TO THE OUTSIDE TAX ACCOUNTANTS BY THE TOLEDO COMMUNITY FOUNDATION FINANCE DEP ARTMENT STAFF COPIES OF THE COMPLETED TAX RETURN ARE GIVEN TO ALL BOARD MEMBERS WITH A CO VER MEMO HIGHLIGHTING SIGNIFICANT ITEMS (INCLUDING PUBLIC SUPPORT CALCULATIONS) AND ANY C HANGES FROM THE PREVIOUS YEAR THE RETURN IS SIGNED BY THE CHAIRMAN OF THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES AN UPDATED CONFLICT OF INTEREST FORM ANNUALLY, THIS FORM IS REVIEWED INTERNALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD CHAIRMAN COORDINATES THE PROCESS ALL MEMBERS OF THE BOARD GIVE INPUT TO THE CEO 'S PERFORMANCE ADDITIONALLY, SALARY SURVEYS FOR THE FIELD COMPARISON OF OTHER LOCAL NON-P ROFIT ORGANIZATIONS ARE REVIEWED AS PART OF THE PROCESS THE CEO DETERMINES COMPENSATION F OR DIRECT REPORTS USING MANY OF THE SAME TOOLS THAT THE BOARD USES FOR THE CEO REVIEW ADD ITIONALLY, DIRECT REPORTS ARE GIVEN RANGES TO USE TO SET COMPENSATION FOR THE PEOPLE THEY SUPERVISE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 1	MODIFIED CASH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NO CHANGE FROM PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
TOLEDO COMMUNITY FOUNDATION INC

Employer identification number
23-7284004

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

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) TRAN-STAR LLC 300 MADISON AVENUE SUITE 1300 TOLEDO, OH 43604 26-3082654	PROVIDES BROADBAND SERVICE	FL	N/A	UNRELATED	-11,525	12,861		No		Yes		87 500 %

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 23-7284004
Name: TOLEDO COMMUNITY FOUNDATION INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-1243271	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No
300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-6853245	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No
300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-6853246	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No
300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-6853247	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No
300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-1817757	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	LINE 12A, I	THE TOLEDO COMMUNITY FOUNDATION INC		No
300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-6772666	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No
300 MADISON AVE STE 1300 TOLEDO, OH 43604 31-1572640	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	LINE 12A, I	THE TOLEDO COMMUNITY FOUNDATION INC		No
300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-1952405	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	LINE 12A, I	THE TOLEDO COMMUNITY FOUNDATION INC		No
300 MADISON AVE STE 1300 TOLEDO, OH 43604 11-3729700	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	LINE 12A, I	THE TOLEDO COMMUNITY FOUNDATION INC		No
300 MADISON AVE STE 1300 TOLEDO, OH 43604 11-3729710	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	LINE 12A, I	THE TOLEDO COMMUNITY FOUNDATION INC		No
300 MADISON AVE STE 1300 TOLEDO, OH 43604 34-7065665	A PUBLIC CHARITABLE CORP SERVING THE PEOPLE OF NW OHIO & SE MICHIGAN	OH	501(C)(3)	PF	THE TOLEDO COMMUNITY FOUNDATION INC		No