Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0047

Department of the Treasury

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

► Go to www.irs.gov/Form990PF for instructions and the latest information

		GO to www.irs.gov/FornissoFF to					, 20 20			
For calendar year 2019 or tax year beginning October 1 , 2019, and ending September 30 Name of foundation A Employer identification number										
The Scotts Miracle-Gro Foundation										
The	Scotts	s Miracle-Gro Foundation I street (or P O box number if mail is not delivered to street address)	R Telephor	61-1794169 le number (see instruct	ione)					
			D relephor	•	•					
		httslawn Road , state or province, country, and ZIP or foreign postal code				937-644-0011				
•		· · · · · · · · · · · · · · · · · · ·			C if exempt	tion application is pend	ing, check here ▶ [
_		, OH 43041		- la - i la -						
G	Check		of a former public	cnanty	D 1. Foreig	n organizations, check	here . ►			
		☐ Final return ☐ Amended I☐ Address change ☐ Name chai		1		n organizations meeting	_			
	Ob I			717		here and attach compu	فببيا			
		type of organization: 🔽 Section 501(c)(3) exempt pon 4947(a)(1) nonexempt charitable trust 🔲 Other tax				foundation status was 07(b)(1)(A), check here				
		narket value of all assets at J Accounting method f year (from Part II, col. (c), Other (specify)	. 🗀 Cash 🖭 A	Juai		ndation is in a 60-mont ction 507(b)(1)(B), checl				
		5) ► \$ 5,697,725 (Part I, column (d), must be	e on cash basis \		under de	511.511 551 (5)(1)(5), 511.55				
	art I						(d) Disbursements			
	211 1	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		investment	(c) Adjusted net	for charitable			
		the amounts in column (a) (see instructions).)	books	in	come	income	purposes (cash basis only)			
	1	Contributions, gifts, grants, etc., received (attach schedule)	8.087,113				1			
	2	Chock ► if the foundation is not required to attach Sch. B	0,007,113			<u></u>				
	3	Interest on savings and temporary cash investments								
	4	Dividends and interest from securities	6,203		6,203					
	5a	Gross rents	•							
	b	Net rental income or (loss)								
<u> </u>	6a	Net gain or (loss) from sale of assets not on line 10								
2	b	Gross sales price for all assets on line 6a		•			1			
Revenue	7	Capital gain net income (from Part IV, line 2)								
æ	8	Net short-term capital gain								
	9	Income modifications								
	10a	Gross sales less returns and allowances				L				
	b	Less: Cost of goods sold								
	С	Gross profit or (loss) (attach schedule)				DECEN/E				
	11	Other income (attach schedule)	357,657			RECEIVE				
	12	Total. Add lines 1 through 11	8,450,973			2 222	080			
S	13	Compensation of officers, directors, trustees, etc.			B027	MAR 8 - 202	1 31			
xpenses	14	Other employee salaries and wages			<u> </u>	- ANY 184	S			
pe	15	Pension plans, employee benefits			- -	OGDEN,				
Ä	16a	Legal fees (attach schedule)	8,550			005	-			
Ş	b	Other professional fees (attach schedule)	24,173							
ati	17	Interest	24,173			<u> </u>				
str	18	Taxes (attach schedule) (see instructions)	140							
<u>=</u>	19	Depreciation (attach schedule) and depletion								
튡	20	Occupancy					<u></u>			
Ž	21	Travel, conferences, and meetings								
בַ	22	Printing and publications								
e e	23	Other expenses (attach schedule)	364,462							
Ë	24	Total operating and administrative expenses.								
Operating and Administrative		Add lines 13 through 23	397,325							
þe	25	Contributions, gifts, grants paid	1,923,363				2,653,193			
O	26	Total expenses and disbursements. Add lines 24 and 25	2,320,688				2,653,193			
	27	Subtract line 26 from line 12:								
	а	Excess of revenue over expenses and disbursements	6,130,285							
	b	Net investment income (if negative, enter -0-) .			6,203					
	С	Adjusted net income (if negative, enter -0-)								

For Paperwork Reduction Act Notice, see instructions.

Cat No. 11289X

Form **990-PF** (2019)

Pa	irt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-bearing	183,525	197,633	197,633
	2	Savings and temporary cash investments	113,417	5,500,000	
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶	188	92	92
	4	Pledges receivable ▶			
	_	Pledges receivable ► Less: allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			· · · · · · · · · · · · · · · · · · ·
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶	-		
	,	Less. allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			· · · · · · · · · · · · · · · · · · ·
Asi	10a	Investments—U.S. and state government obligations (attach schedule)			····· - · · · · · · · · · · · · · · ·
`	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land. buildings, and equipment: hasis ▶			
	••	Less: accumulated depreciation (attach schedule)			·
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
	17	Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the			
	10	instructions. Also, see page 1, item I)	297,130	5,697,725	5,697,725
\neg	17	Accounts payable and accrued expenses	237,130	140	0,007,720
	18	Grants payable	1,789,830	1,060,000	
es	19	Deferred revenue	1,703,030	1,000,000	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
וב	22				
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	1,789,830	1,060,140	
5		Foundations that follow FASB ASC 958, check here	1,765,630	1,000,140	
Balances		and complete lines 24, 25, 29, and 30.			
a	24	Net assets without donor restrictions			
ब्र	25	Net assets with donor restrictions			
ਚ		Foundations that do not follow FASB ASC 958, check here ▶ □			
5		and complete lines 26 through 30.			
4	26	Capital stock, trust principal, or current funds			
0	27	Paid-in or capital surplus, or land, bldg., and equipment fund	·········		
et	28	Retained earnings, accumulated income, endowment, or other funds	-1,492,700	4,637,585	,
SS	29	Total net assets or fund balances (see instructions)	-1,492,700	4,637,585	
ا≱	30	Total liabilities and net assets/fund balances (see	-1,432,700	4,037,303	
Net Assets or Fun	•	instructions)	297,130	5,697,725	
	rt III	Analysis of Changes in Net Assets or Fund Balances	237,130[3,037,723	······································
		I net assets or fund balances at beginning of year—Part II, colur	nn (a), line 29 (must	agree with	
•		of-year figure reported on prior year's return)			-1,492,700
2		r amount from Part I, line 27a			6,130,285
3					0, 130,203
4		lines 1, 2, and 3		4	4,637,585
5		eases not included in line 2 (itemize)		5	
	Total	I net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), line		4,637,585
<u> </u>		35555 57 74.14 54.4.1.555 41 57.4 57 754. (11.16 7 7 11.1.16 11.16 6)			- 000 DE

Part	(a) List and describe the ki	TLOSSES FOR TAX ON INVESTION INVESTIGATION INVEST	state,	icome	(b) How acquired P—Purchase D—Donation		Date acquired to , day, yr)	(d) Date sold (mo , day, yr)
1a	· · · · · · · · · · · · · · · · · · ·							<u> </u>
b			 				•	
С								
d								
е								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or plus exper				n or (loss) f) minus (g))
<u>a</u> b					 			
C				·	• .			,
d								
e			-					· · · · · · · · · · · · · · · · · · ·
	Complete only for assets sho	owing gain in column (h) and owned l	by the fo	oundation	on 12/31/69.		(A) Gains (Col	. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess over col			col (k), but not	less than -0-) or rom col (h))
a								
b								
С								
d								
е								
2	Capital gain net income o	rinei cabilal iossi 📝 🗡 🦈		iter in Par -0- in Par		2		
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instructions	ctions.	If (loss),	enter -0- in }	3		
Part		er Section 4940(e) for Redu					me	
Was ti	s," the foundation doesn't o	section 4942 tax on the distribut	not co	mplete th	is part.	·		☐ Yes ☑ No
1		ount in each column for each yea	ar; see	the instru	ctions before ma	aking	any entries.	
Cale	(a) Base penod years ndar year (or tax year beginning in)	(b) Adjusted qualifying distributions		Net value of	(c) nonchantable-use a:	ssets		(d) nbution ratio livided by col. (c))
	2018	2,522	2,583		78	8,444	3	.199445
	2017	3,209	9,905		93	2,376	3	.442715
	2016	738	8,439	·	93	1,801		.792486
	2015							
	2014						 ,	
2	Total of line 1, column (d)					. [2	7.434646
3		for the 5-year base period—divipundation has been in existence					3	1.858662
4	Enter the net value of none	charitable-use assets for 2019 fr	om Pai	rt X, line 5	5	.	4	956,690
5	Multiply line 4 by line 3						5	1,778,163
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)				.	6	62
7	Add lines 5 and 6					.	7	1,778,225
8		ns from Part XII, line 4				hat na	8 art using a 1	2,653,193 % tax rate. See the
	Part VI instructions.	, Grook alo box III		.,	30pioto t	Pt		

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Part		instr	uctio	ns)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ► and enter "N/A" on line 1.			1				
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)							
b	,							
	here ► ✓ and enter 1% of Part I, line 27b							
С	C All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)							
2								
3	Add lines 1 and 2			62				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			62				
6	Credits/Payments:			ľ				
a	2019 estimated tax payments and 2018 overpayment credited to 2019			l				
þ	Exempt foreign organizations—tax withheld at source							
C	Tax paid with application for extension of time to file (Form 8868) 6c 0	l						
_d	Backup withholding erroneously withheld							
7				0				
8 9				0				
10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			62				
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax > Refunded > 11			<u>0</u>				
	VII-A Statements Regarding Activities							
_	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	T	Yes	No				
	participate or intervene in any political campaign?	1a		1				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		1				
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.							
c	Did the foundation file Form 1120-POL for this year?	1c						
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	1		$\dot{\Box}$				
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	1						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed							
	on foundation managers. ▶ \$							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		/				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3						
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		1				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		V				
	If "Yes," attach the statement required by General Instruction T.							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ļ]]				
	By language in the governing instrument, or							
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that		-	ب∟				
7	conflict with the state law remain in the governing instrument?	6	1					
7 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	+	<u> </u>					
oa	Ohio	1	[
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1	1					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	7					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	1						
-	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"							
	complete Part XIV	9	L	1				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their							
	names and addresses	10		✓				

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Par	VII-A Statements Regarding Activities (continued)			
		T^-	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	
	Website address ▶ https://scottsmiraclegro.com/foundation/			
14	The books are in care of ► Alan Heap Telephone no. ► 93	7-644-	0011	••••
	Located at ▶ 14111 Scottslawn Road Marysville, OH 43041 ZIP+4 ▶	4304	1	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	disqualified person?]		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	i i		
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in]		
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2019?	1c		✓
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years ▶ 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		[
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		-	
	at any time during the year?	1 1	İ	
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or		}	
-	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	i i	- 1	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		1

Page	6

Ра	Statements Regarding Activities	s tor v	Which Form	4720	May Be F	<i>Requir</i>	ed (conti	nued)			
5a	During the year, did the foundation pay or incur	any an	nount to:	•						Yes	No
	(1) Carry on propaganda, or otherwise attempt						TYes	✓ No	•		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,										
	directly or indirectly, any voter registration drive?								•		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?								• [
	(4) Provide a grant to an organization other that section 4945(d)(4)(A)? See instructions			-				⊘ No			
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to						ıl —	✓ No			
b	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described										
	in Regulations section 53.4945 or in a current no								5b		
	Organizations relying on a current notice regardi							▶┌			
C		he fou	ndation clain	n exem	ption from	the tax	<	∏ No			
	If "Yes," attach the statement required by Regula	ations :	section 53.49	45-5(d)).				l		i
6a						emium	5				
	on a personal benefit contract?						☐ Yes	☑ No	.	l ;	
b	Did the foundation, during the year, pay premiun	ns, dire	ectly or indire	ctly, on	a persona	l benefi	t contract	? .	6b		1
	If "Yes" to 6b, file Form 8870.		•	-	•						
7a	At any time during the tax year, was the foundation	a party	y to a prohibit	ed tax s	shelter trans	saction?	Yes	✓ No	. [
b	If "Yes," did the foundation receive any proceed	s or ha	ve any net in	come a	ttributable	to the t	ransaction	1? .	7b		
8	Is the foundation subject to the section 4960 ta										
	remuneration or excess parachute payment(s) de							☑ No			
Pa	rt VIII Information About Officers, Direc	tors, 1	Trustees, F	ounda	tion Man	agers,	Highly F	aid E	mploy	ees,	
	and Contractors										
1_	List all officers, directors, trustees, and found	lation i	managers ar						.		
	(a) Name and address	hou	e, and average irs per week ted to position	(If i	mpensation not paid, nter -0-)	empl	Contribution oyee benefit erred compe	plans	(e) Expe	nse acc allowan	ces
SEE	ATTACHED SCHEDULE										
								_			
								_			
		l									
2	Compensation of five highest-paid employee "NONE."	es (oth	er than tho	se incl	uded on li	ne 1-	see instr	uction	s). If no	one, e	nter
	(a) Name and address of each employee paid more than \$50,00	10	(b) Title, and a	veek	(c) Compe	nsation	(d) Contribu employee plans and o	benefit	(e) Expe	nse acc	
			devoted to p	osition			compens				
NONE											
			<u> </u>						<u> </u>		
					L		L				
							<u> </u>				
								ĺ			
Total	number of other employees paid over \$50,000 .							. ▶			

D		7
۲ao	Ю	•

Part '	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid El and Contractors (continued)	mployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NOI	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
_,.		
		ļ
		
Total r	number of others receiving over \$50,000 for professional services	
Part		
List t	he foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of nizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
2 _		
_		ļ
3		
4 -		
*		
Part	X-B Summary of Program-Related Investments (see instructions)	II.
Desc	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		
_		
2		
A11	because alated a valenate. Con instructions	ļ
	her program-related investments. See instructions.	
3		
Total.	Add lines 1 through 3	
		5 000 PE (0040)

Part	see instructions.)	gn tound	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	C
b	Average of monthly cash balances	1b	971,259
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	971,259
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	C
3	Subtract line 2 from line 1d	3	971,259
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		•
	instructions)	4	14,569
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	956,690
6	Minimum investment return. Enter 5% of line 5	6	47,834
Part		oundatio	
1	Minimum investment return from Part X, line 6	1	47,834
2a	Tax on investment income for 2019 from Part VI, line 5 2a 62		•
b	Income tax for 2019. (This does not include the tax from Part VI.) 2b 0		
c	Add lines 2a and 2b	2c	62
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	47,772
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	47,772
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
-	line 1	7	47,772
Part	XII Qualifying Distributions (see instructions)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	2,653,193
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	O
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	2,653,193
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
_	Enter 1% of Part I, line 27b. See instructions	5	62
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,653,131
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	ــــــــــــــــــــــــــــــــــــــ	
	qualifies for the section 4940(e) reduction of tax in those years.		THE TOURISHED IT

Form **990-PF** (2019)

Part	VIII Undistributed Income (see instruction	ns)			
		(a) Corpus	(b) Years pnor to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI,				47.770
2	Ine 7				47,772
a	Enter amount for 2018 only			0	
ь	Total for prior years: 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2019:				
а	From 2014			1	
b	From 2015 0				
C	From 2016 691,971				
ď	From 2017 3,163,476				
е	From 2018 2,483,441				
f	Total of lines 3a through e	6,338,888			
4	Qualifying distributions for 2019 from Part XII,				
	line 4: ▶ \$ 2,653,193				
а	Applied to 2018, but not more than line 2a .			0	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)		0		
C	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2019 distributable amount				47,772
e	Remaining amount distributed out of corpus	2,605,421			
5	Excess distributions carryover applied to 2019	<u> </u>			
	(If an amount appears in column (d), the same amount must be shown in column (a).)	0		i.	0
6	Enter the net total of each column as indicated below:				
а	Corpus, Add lines 3f, 4c, and 4e. Subtract line 5	8,944,309			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		0		
d	Subtract line 6c from line 6b. Taxable amount—see instructions		0		
е	Undistributed income for 2018. Subtract line				İ
	4a from line 2a. Taxable amount-see				1
	instructions			0	
f	Undistributed income for 2019. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2020				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
_	· · · · · · · · · · · · · · · · · · ·	0			
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	o			
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	8,944,309		18 - 1 - 1 - 1	
10	Analysis of line 9:				
а	Excess trom 2015	1			
b	Excess from 2016 691,971	1			
C	Excess from 2017 3,163,476	İ			
d	Excess from 2018 2,483,441	Ì			
6	Excess from 2019 2.605.421		i		

Form 9	90-PF (2019)					Page 10
Part	XIV Private Operating Founda	tions (see instr	uctions and Part	VII-A, question	9)	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for					
	Check box to indicate whether the four		e operating founda		ection)(3) or 🔲 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum Investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	each year listed			<u> </u>		
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4, for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter: (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
С	"Support" alternative test-enter:		/		 	1
	(1) Total support other than gross investment income (interest, dividends, rents, payments on secunties loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	XV Supplementary Informatio	n (Complete th	nis part only if t	the foundation t	nad \$5,000 or m	ore in assets at
	any time during the year-	see instruction	ns.)			
1	Information Regarding Foundation I					
а	List any managers of the foundation vibefore the close of any tax year (but o					by the foundation
b	List any managers of the foundation ownership of a partnership or other er					arge portion of the
2	Information Regarding Contribution Check here ▶ ☐ If the foundation unsolicited requests for funds. If the focomplete items 2a, b, c, and d. See in	only makes cont oundation makes	ributions to prese	elected charitable		
а	The name, address, and telephone nu		dress of the perso	on to whom applica	ations should be a	ddressed:
emafa	undation@scotts.com					
	The form in which applications should	be submitted an	d information and	materials they sho	ould include:	
Cla - **	nuin 18Jah hanna					
	onic- Web-based Any submission deadlines:					
d	Any restrictions or limitations on aw	ards, such as b	y geographical a	reas, charitable fi	elds, kinds of ins	stitutions, or other
	factors:					

The awards are granted to 501c3 organizations only.

Part XV

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager or substantial contributor contribution Name and address (home or business) recipient a Paid during the year 2,653,193 **SEE ATTACHED** За 2,653,193 **b** Approved for future payment 25,000 **SEE ATTACHED Total** 25,000

Part X\	I-A Analysis of Income-Producing A	ctivities	*****		<u></u>	Page 1
	ss amounts unless otherwise indicated.	Unrelated bus	siness income	Excluded by sect	on 512, 513, or 514	(2)
g		(a)	(b)	(c)	(d)	(e) Related or exemp function income
1 Prog	gram service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.
b						
C.				 		
e .						
	ees and contracts from government agencies					
	nbership dues and assessments est on savings and temporary cash investments			1		
	dends and interest from securities			14	6,203	
	rental income or (loss) from real estate:					
	Debt-financed property	 				
	rental income or (loss) from personal property		· · · · · · · · · · · · · · · · · · ·	 		
Othe	or investment income					
	or (loss) from sales of assets other than inventory income or (loss) from special events	ļ		 		<u> </u>
	s profit or (loss) from sales of inventory		····,			
	er revenue: a					
b _						
C		L		1		
ď						
d _ e						
e Sub	otal. Add columns (b), (d), and (e)				6,203	
e _ 2 Sub 3 Tota	total. Add columns (b), (d), and (e)					
e _ 2 Sub 3 Tota	otal. Add columns (b), (d), and (e) II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	.s.) .ccomplishme	nt of Exemp	ot Purposes	13	6,20
e Sub Tota e work	otal. Add columns (b), (d), and (e)	.s.) .ccomplishme	nt of Exemp	ot Purposes	13	6,20
e Sub Tota work ort XV	otal. Add columns (b), (d), and (e) II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	.s.) .ccomplishme	nt of Exemp	ot Purposes	13	6,20
e Sub Tota work ort XV	otal. Add columns (b), (d), and (e) II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	.s.) .ccomplishme	nt of Exemp	ot Purposes	13	6,20
Sub Tota Work ort XV	otal. Add columns (b), (d), and (e) II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	.s.) .ccomplishme	nt of Exemp	ot Purposes	13	6,20
e Sub Tota work ort XV	otal. Add columns (b), (d), and (e) II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	.s.) .ccomplishme	nt of Exemp	ot Purposes	13	6,20
e Sub Tota work ort XV	otal. Add columns (b), (d), and (e) II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	.s.) .ccomplishme	nt of Exemp	ot Purposes	13	6,20
e Sub Tota work art XV	otal. Add columns (b), (d), and (e) II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	.s.) .ccomplishme	nt of Exemp	ot Purposes	13	6,20
e Sub Tota e work art XV	otal. Add columns (b), (d), and (e) II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	.s.) .ccomplishme	nt of Exemp	ot Purposes	13	6,20
e Sub Tota work art XV	otal. Add columns (b), (d), and (e) II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	.s.) .ccomplishme	nt of Exemp	ot Purposes	13	6,20
e Sub Tota e work art XV	otal. Add columns (b), (d), and (e) II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	.s.) .ccomplishme	nt of Exemp	ot Purposes	13	6,20
e Sub Tota e work art XV	otal. Add columns (b), (d), and (e) II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	.s.) .ccomplishme	nt of Exemp	ot Purposes	13	6,20
e Sub Tota e work art XV	otal. Add columns (b), (d), and (e) II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	.s.) .ccomplishme	nt of Exemp	ot Purposes	13	6,20
e Sub Tota e work art XV	otal. Add columns (b), (d), and (e) II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	.s.) .ccomplishme	nt of Exemp	ot Purposes	13	6,20
e Sub Tota e work art XV	otal. Add columns (b), (d), and (e) II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	.s.) .ccomplishme	nt of Exemp	ot Purposes	13	6,20

		Organizati	ons									
1	in se orga	ection 501(c) (onizations?	ther than section	engage in any of the 501(c)(3) organizat	tions) or in sec	tion 527, re	nızatio lating	on de to ¡	scribed political		Yes	No
а	Trans	sfers from the rep	porting foundation t	o a noncharitable ex	empt organization	n of:						
	(1) C	ash								1a(1)		✓
	(2) C	ther assets .								1a(2)		1
b	Othe	r transactions:										
_			a noncharitable exe	emnt organization						1b(1)		7
				able exempt organiz			• •	• •	• •	1b(2)		<u> </u>
	• •							• •		<u> </u>	$\overline{}$	`
			, equipment, or othe				• •			1b(3)		_
	• •		•				• •	• •		1b(4)		-
	–	oans or Ioan gua								1b(5)		<u>√</u>
				hip or fundraising so						1b(6)	<u> </u>	
				sts, other assets, or						1c	<u></u>	
d				s," complete the fol								
				ices given by the re								
	value	in any transaction	on or sharing arrang	jement, show in colu	ımn (d) the value	of the goods	, other	r asse	ets, or s	ervices	receiv	ved.
(a) Line	no i	(b) Amount involved	(c) Name of nonc	haritable exempt organiza	tion (d) Des	cription of transfe	ers, tran	rsaction	ns, and sh	naring arra	angeme	ents
				· · · · · · · · · · · · · · · · · · ·					•			
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					1							
										· · · ·		
	desci	ribed in section 5		ffiliated with, or relation 501(c)(3)) or in		nore tax-exe		-	zations	✓ Ye	es 🗆	No
		(a) Name of organi		(b) Type of o	rganization	1	(c) Des	scriptio	n of relati	onshin		
					gamzanon	Associtions of a						
Good G	rowth	Alliance		501(c)(4)		Auxiliary of r	ероги	ng or	ganizati	on		
			-									
												
						<u> </u>	41.16.1			-14-1	1 - é A	
<u>م:</u>	Unde	r penalties of perjury, I	declare that I have examine	ed this return, including according taxpayer) is based on all	ompanying schedules ar information of which ore	nd statements, and narer has any kno	d to the i	Dest of	my knowle	edge and t	oeliet, it	is true,
Sign	Lone	A A	aration or preparet (other tir		A MINION OF WINOT PIC	parci nas any ioro	meage			IRS discu		
Here	,	Alan THE	MP	2/10/202	21 🗗 VP, Treasure	r				preparer s uctions [
		ature of officer or trus	tee	Date	Title				Joo math			٠.٠٠
Do:4		Print/Type preparer*	s name	Preparer's signature		Date		Chack	(∏ıf	PTIN		
Paid		Christina Zimmer	man	V hrists St	mmerman	2/9/21	.		mployed	P01	46105	7
Prepa	11 61			()		1	Firm's	EIN ▶		20-212		
Use (nly		GBQ Partners LLC	- 700 Columbia CII	4221E 2662	*	T				· 	
		rirm's address 🕨 🛚	<u> 230 west Street, Suit</u>	e 700 Columbus, OH	43213-2003		Phone	טח ב	(6	14) 221 <u>-</u>	-1120	

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

61-1794169 The Scotts Miracle-Gro Foundation Organization type (check one): Filers of: Section: Form 990 or 990-F7 ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF √ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

The Scotts Miracle-Gro Foundation

61-1794169

Part I	Contributors (see instructions). Use duplicate con	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	The Scotts Company LLC 14111 Scottslawn Road Marysville, OH 43041	\$ 5,985,613	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Good Growth Alliance 3958 D-Brown Park Drive Hilliard, OH 43026	¢ 2.101.500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spa	ce is needed.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
	Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) \$ (c) FMV (or estimate) (See instructions.) \$ (c) FMV (or estimate) (See instructions.) \$ (c) FMV (or estimate) (See instructions.) \$ (c) FMV (or estimate) (See instructions.) \$ (c) FMV (or estimate) (See instructions.) \$ (d) Description of noncash property given (e) FMV (or estimate) (See instructions.) \$ (c) FMV (or estimate) (See instructions.) \$ (d) Description of noncash property given (e) FMV (or estimate) (See instructions.) (f) Description of noncash property given (g) FMV (or estimate) (See instructions.)

Part III

Employer identification number

		ations completing Pa	art III, enter the tota	Complete columns (a) through (e) and all of exclusively religious, charitable, etc., See instructions.) > \$		
	Use duplicate copies of Part III if ad			· · · · · · · · · · · · · · · · · · ·		
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held		
	Transferee's name, address, a		fer of gift Relatio	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift (c) Use of gift			(d) Description of how gift is held		
	Transferee's name, address, a		fer of gift Relation	r of gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift (c) Use of		of gift	(d) Description of how gift is held		
		(0) Trans	fer of gift			
	Transferee's name, address, a			nship of transferor to transferee		
(a) No.			of gift	(d) Description of how gift is held		
from Part I	(b) Purpose of gift	(c) Use		(a) Description of now girt is need		
	Transferee's name, address, a		fer of gift Relation	nship of transferor to transferee		

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

Part I, Line 11 (990-PF) - Other Income

		Net		Disbursements	
	Revenue and	Investment	Adjusted Net	Adjusted Net for Charitable	
Description	Expenses per Books	Income	Income	Purposes	
In Kind Revenue Contributions	357,657				
Total	29'258 \$				

Part I, Line 16 (990-PF) - Other Professional Fees

			Net		Disbursements
		Revenue and	Investment	Adjusted Net	Adjusted Net for Charitable
	Description	Expenses per Books	Income	Income	Purposes
1	Accounting Fees	055'8			
2		24,173			
	Total	\$ 32,723			

Part I, Line 18 (990-PF) - Taxes

			Net		Disbursements
		Revenue and	Investment	Adjusted Net	Adjusted Net for Charitable
	Description	Expenses per Books	Income	Income	Purposes
_	Taxes	140			
-	Total	\$ 140			

Part I, Line 23 (990-PF) - Other Expenses

			Net		Disbursements
		Revenue and	Investment		Adjusted Net for Charitable
,	Description	Expenses per Books	Income	Income	Purposes
_	Insurance	3,920			
7	In Kind Services/Expenses	357,657			
3	IT/Software License	668			
4	Bank Service Fees	1,887			
	Total	\$ 364,362			

Part VII-A, Line 8b (990-PF) - Statements Regarding Activities

The Ohio Attorney General's office does not require foundations to annually file their Form 990-PF in entirety. The Ohio Attorney General does require an annual report to be filed on-line, which the organization will file prior to the due date.

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

		Check "X" if					Foreign		Average
	Name	Business	Street	City	State	Zıp Code	Country	Title	Hours
1	Jim Kıng		14111 Scottslawn Road	Marysville	Н	43041		President	
7	Mark Slavens		14111 Scottslawn Road	Marysville	НО	43041		Director	
3	Patricia Ziegler		14111 Scottslawn Road	Marysville	픙	43041		Director	
4	Alan Heap		14111 Scottslawn Road	Marysville	Ю	43041		VP, Treasurer	4
2	Su Lok		14111 Scottslawn Road	Marysville	ᆼ	43041		VP, Secretary	20
9	Bernard Asirıfi		14111 Scottslawn Road	Marysville	ЮН	43041		Asst. Secretary	2
7									
8					ļ -				
6									
10									

	Name	Compensation	Benefits	Expense Account	Explanation
Jim King	90				
Mark	Mark Slavens				
Patri	Patricia Ziegler				
Alan	Alan Heap				
Su Lok	ok				
Berr	Bernard Asirifi				

Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

				,	,
		If recipient is an			
		individual, show any			
		relationship to any	Foundation		ŀ
		foundation manager or	status of	Purpose of grant or	
	Recipient	substantial contributor	recipient	contribution	Amount
1	Restore America's Estuaries			Environment	85,000
2	The Nature Conservancy	***		Environment	25,000
3	Alliance for the Great Lakes			Environment	25,000
4	Alliance for Water Efficiency			Environment	130,000
5	Council for Watershed Health			Environment	35,000
6	National Association of Conservation Districts			Environment	15,000
7	New York League of Conservation Voters			Environment	75,000
8	North Shore Land Alliance			Environment	75,000
9	Pollinator Stewardship Council			Environment	25,000
10	Ohio Governor's Imagination Library			Gardens - Other	30,000
11	Galveston Bay Foundation			Environment	54,000
12	National Recreation and Park Association			Environment	75,000
13	Franklin Park Conservatory			Gardens - Other	430,000
14	KidsGardening			Gardens - Other	175,000
15	KidsGardening (Garden Kits)			Gardens - Other	6,250
16	National Head Start Association			Gardens - Other	90,000
17	No Kid Hungry (Share Our Strength)			Gardens - Other	150,000
18	Tides Center (National Farm to School Network)			Gardens - Other	34,830
19	National Fund for the United States Botanic Garden (HOPS)			Gardens - Other	40,000
20	Longwood Gardens (Seed Your Future)			Gardens - Other	100,000
21	Memorial Hospital (Memorial Health Foundation)			Gardens - Other	40,000
	Columbus Foundation			Gardens - Other	30,000
23	Union County Foundation			Gardens - Other	10,000
24	Columbus City Schools			Gardens - Other	35,000
25	Columbus Metropolitan Library Foundation (Dublin Location) (Hold in 11090)			Gardens - Other	20,000
	Hagedorn Legacy Foundation			Youth	744,613
27	Union County Foundation COVID-19 Response Fund			Gardens - Other	25,000
28	United Way Central OH COVID-19 Community Fund			Gardens - Other	50,000
29	Citizens Against Domestic Violence Against Women (Turning Point)	1		Gardens - Other	25,000
30	NYC DOE Queens South Field Support Center			Gardens - Other	-1,500
	· · · · · · · · · · · · · · · · · · ·			Total	\$ 2,653,193

Part XV, Line 3b (990-PF) - Grants and Contributions Approved During the Year

	Recipient	if recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
1	KidsGardening org				25,000
					
		<u> </u>			
				Total	\$ 25,000