

Name of organization

FAIRFIELD COUNTY FOUNDATION

Employer identification number

34-1623983

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	ROBERT P LANDIS 3939 REYNOLDSBURG-BALTIMORE RD BALTIMORE OH 43105	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	TERRY & CHRISTINE MCGHEE 1755 GRAHAM DR NE LANCASTER OH 43130	\$ 52,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	JOAN MOORE 1530 WOODLAND HEIGHT LN LANCASTER OH 43130	\$ 74,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	WILLIAM & JOELLEN PARKER 4073 DUFFY RD SE LANCASTER OH 43130	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	STREAM AND WETLANDS FOUNDATION 123 BROAD ST STE 238 LANCASTER OH 43130	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	100 SHRS COSTCO WHOLESALE	\$ 54,496	12/31/20
12	15 SHRS CINTAS CORP STOCK	\$ 5,114	12/31/20
21	205 SHRS APPLE STOCK	\$ 103,351	12/31/20
		\$	
		\$	
		\$	
		\$	

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

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FAIRFIELD COUNTY FOUNDATION

34-1623983

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number of funds, aggregate values, and compliance questions.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for purpose of easements, total number, acreage, and compliance questions.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for reporting requirements and amounts for art and historical treasures.

**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 make 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 program
- e  Other

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	5,887,863	5,641,747	5,735,967	4,689,729	4,565,719
b Contributions	112,873	117,829	588,764	652,931	108,253
c Net investment earnings, gains, and losses	797,308	1,067,214	-325,308	1,047,047	312,301
d Grants or scholarships	920,019	886,457	306,208	608,701	255,913
e Other expenditures for facilities and programs					
f Administrative expenses	50,462	52,470	51,468	45,040	40,631
g End of year balance	5,827,563	5,887,863	5,641,747	5,735,967	4,689,729

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

- a Board designated or quasi-endowment  4.00 %
- b Permanent endowment  66.00 %
- c Term endowment  30.00 %

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

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

- (i) Unrelated organizations
- (ii) Related organizations

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

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

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	627,500	92,510		720,010
b Buildings		887,162	277,143	610,019
c Leasehold improvements				
d Equipment		93,159	78,513	14,646
e Other	271,525			271,525

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  1,616,200

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (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) MANAGED ASSETS UNDER AGENCY CONTRACT	4,328,262
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,328,262

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	9,848,795
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 4,863,850		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 4,952		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	4,868,802
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,979,993
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 34,264		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	34,264
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	5,014,257

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	3,040,428
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 15,469		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	15,469
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,024,959
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	3,024,959

**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.

PART X – FIN 48 FOOTNOTE

THE MOST SIGNIFICANT TAX POSITIONS OF THE ORGANIZATION ARE ITS ASSERTION THE MOST SIGNIFICANT TAX POSITIONS OF THE ORGANIZATION ARE ITS ASSERTION THAT IT IS EXEMPT FROM INCOME TAXES AND ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT). THE FOUNDATION FOLLOWS THE GUIDANCE OF ASC 740, ACCOUNTING FOR INCOME TAXES, RELATED TO UNCERTAINTIES IN INCOME TAXES, WHICH PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS FOR THE FOUNDATION FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019.

THE FOUNDATION'S INFORMATIONAL RETURN IS SUBJECT TO EXAMINATION BY TAXING

**Part XIII** Supplemental Information (continued)

AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE DATE THEY ARE FILED. THE OPEN YEARS FOR THE FILED RETURNS ARE 2017-2019 AND THE RETURN 2020 RETURN TO BE FILED IN 2021.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

CHG IN NET ASSETS W/DONOR RESTRICTION \$ -78,023

COLLECTIBLE APPRECIATION \$ 82,975

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

P/Y K-1 INCOME \$ 40,196

RENTAL EXPENSES \$ -5,932

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FEDERAL UBIT TAX \$ 9,537

RENTAL EXPENSES \$ 5,932

**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.

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OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

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Employer identification number

34-1623983

**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ST JOHN'S EPISCOPAL CHURCH 134 N BROAD ST LANCASTER OH 43130	31-4379626	501C3	6,500				DONOR ADVISED DONATI
(2)	THE LANCASTER FESTIVAL INC PO BOX 1452 LANCASTER OH 43130	31-1019091	501C3	7,500				DONOR ADVISED DONATI
(3)	OHIO GLASS MUSEUM 124 W MAIN ST LANCASTER OH 43130	32-0023623	501C3	14,000				DONOR ADVISED DONATI
(4)	LANCASTER-FAIRFIELD CO CHARITY NEWS PO BOX 1443 LANCASTER OH 43130	31-0998594	501C3	10,000				DONOR ADVISED DONATI
(5)	LUTHERAN SOCIAL SERVICES 550 W WILSON BRIDGE RD SUITE 245 WORTHINGTON OH 43085	34-4412586	501C3	8,000				DONOR ADVISED DONATI
(6)	FAIRFIELD COUNTY FOUNDATION 162 EAST MAIN ST LANCASTER OH 43130	34-1623983	501C3	30,000				DONOR ADVISED DONATI
(7)	FAIRFIELD 33 DEVELOPMENT ALLIANCE 210 E MAIN ST SUITE 407 LANCASTER OH 43130	31-6400066		15,000				DONOR ADVISED DONATI
(8)	FRIENDS OF LANCASTER PARKS & REC 1507 E MAIN ST LANCASTER OH 43130	31-1119912	501C3	20,000				DONOR ADVISED DONATI
(9)	UNITED WAY OF FAIRFIELD COUNTY PO BOX 1443 LANCASTER OH 43130	31-0644804	501C3	20,000				DONOR ADVISED DONATI

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 41**
- 3 Enter total number of other organizations listed in the line 1 table **▶ 11**

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

DAA



**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.

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**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.  Yes  No

**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE BERWICK 3250 REFUGEE RD COLUMBUS OH 43232	31-0742689		6,144				DONOR ADVISED DONATI
(2)	FAIRFIELD CENTER FOR DISABILITIES 681 E SIXTH AVE LANCASTER OH 43130	31-4416191	501C3	10,000				DONOR ADVISED FUNDS
(3)	MEALS ON WHEELS FAIRFIELD COUNTY 253 BOVING RD LANCASTER OH 43130	23-7331496	501C3	8,500				DONOR ADVISED DONATI
(4)	MID-OHIO FOODBANK 3960 BROOKHAM DRIVE GROVE CITY OH 43123	31-0865343	501C3	30,000				DONOR ADVISED DONATI
(5)	NATIONWIDE CHILDREN'S HOSPITAL 525 E MOUND ST LANCASTER OH 43130	01-0782751	501C3	10,500				DONOR ADVISED DONATI
(6)	NARDONE FAMILY TRUST 2001 MAIN ST WHEELING WV 26003	47-7214917		10,000				DONOR ADVISED DONATI
(7)	OHIO STATE UNIVERSITY FOUNDATION PO BOX 710811 COLUMBUS OH 43271	31-1145986		10,500				DONOR ADVISED DONATI
(8)	NEW HORIZONS MENTAL HEALTH SERVICES 1592 GRANVILLE PIKE LANCASTER OH 43130	31-0846860	501C3	15,000				RYAN'S RAVE TO SAVE
(9)	LANCASTER-FAIRFIELD COMMUNITY ACTIO 1743 E MAIN ST LANCASTER OH 43130	31-6060695	501C3	50,000				PACKER TRUCK

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

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

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Schedule I (Form 990) (2020)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FAIRFIELD AREA HUMANE SOCIETY PO BOX 1109 LANCASTER OH 43130	31-0952036	501C3	30,000				PUPPY WING ADDITION
(2)	AMANDA-CLEARCREEK LOCAL SCHOOLS 328 E MAIN ST AMANDA OH 43102	31-6010390	GOV	5,487				EMOTIONAL LEARNING
(3)	AMANDA-CLEARCREEK LOCAS SCHOOLS 328 E MAIN ST AMANDA OH 43102	31-6010390	GOV	7,907				WILSON FUNDATIONS
(4)	BALTIMORE AREA MUSEUM CORP 209 E MARKET ST BALTIMORE OH 43105	23-7069253	501C3	32,000				2021 OPERATING FUNDS
(5)	THE LIGHTHOUSE INC PO BOX 215 LANCASTER OH 43130	31-0986303	501C3	5,475				2020 GRANT
(6)	OLIVEDALE SENIOR CENTER 253 BOVING ROAD LANCASTER OH 43130	23-7365327	501C3	31,000				RESURFACE PARKING LO
(7)	FRIENDS OF LANCASTER PARKS & RECREA PO BOX 433 LANCASTER OH 43130	31-1119912	501C3	30,000				ALL ABILITIES MULTI-
(8)	HARCUM HOUSE 1147 E MAIN ST LANCASTER OH 43130	43-2113958	501C3	6,750				WOMENS GIVING CIRCLE
(9)	FAIRFIELD COUNTY FOUNDATION 162 E MAIN ST LANCASTER OH 43130	34-1623983	501C3	31,000				31 HOUR GIVE MATCHIN

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

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DAA

**Schedule I (Form 990) (2020)**

**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.

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- 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.  Yes  No

**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FAIRFIELD MEDICAL CENTER FOUNDATION 401 N EWING ST LANCASTER OH 43130	20-8952945	501C3	16,000				TWIG DONATIONS
(2)	FAIRFIELD MEDICAL CENTER FOUNDATION 401 N EWING ST LANCASTER OH 43130	20-8952945	501C3	20,000				SEXUAL ASSAULT PROGR
(3)	FAIRFIELD COMMUNITY HEALTH CENTER 207 S BROAD ST LANCASTER OH 43130	27-1092132	501C3	7,350				PEDIATRIC DENTAL INI
(4)	FAIRFIELD COMMUNITY HEALTH CENTER 207 S BROAD ST LANCASTER OH 43130	27-1092132	501C3	16,709				EKG & PFT EQUIPMENT
(5)	PLAYCORE WISCONSIN INC DBA GAMETIME 150 PLAYCORE DR SE FORT PAYNE AL 35967	39-1720480		11,001				PLAYGROUND EQ ALL-AB
(6)	BLAKE M COLE DBA COLE CONSTRUCTION 841 N BROAD ST LANCASTER OH 43130	32-0305534		28,600				DAVIS AUDITORIUM ROO
(7)	DECORATIVE ARTS CENTER OF OHIO 145 E MAIN ST LANCASTER OH 43130	31-1593054	501C3	20,000				DIPTYCHS & TRIPTYCHS
(8)	VASU COMMUNICATIONS INC PO BOX 236 AVON OH 44011	34-1633623		9,290				RADIO SYSTEM AFD
(9)	ROBERT K FOX FAMILY Y 456 W SIXTH AVE LANCASTER OH 43130	31-1132606	501C3	25,000				FUNDS PAYOUT

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

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

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

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

FAIRFIELD COUNTY FOUNDATION

Employer identification number

34-1623983

**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FAIRFIELD COUNTY FOUNDATION 162 EAST MAIN ST LANCASTER OH 43130	34-1623983	501C3	20,792				COMMUNITY IMPACT FUN
(2)	AMERICAN RED CROSS OF SC OHIO 115 W WHEELING ST STE F LANCASTER OH 43130	53-0196605	501C3	8,315				NEW BLOOD SCALES
(3)	LIBERTY UNION-THURSTON SCHOOL DIST 1108 S MAIN ST BALTIMORE OH 43105	31-6400652	GOV	15,000				LAND LAB FUND
(4)	LIBERTY UNION THURSTON SCHOOLS 1108 S MAIN ST BALTIMORE OH 43105	31-6400652		37,035				2020 PAYOUT
(5)	HEIDI-HO CORP 20809 KRAFT BLVD ROSEVILLE MI 48066	38-2938655		23,496				NUTS FOR FUNDRAISER
(6)	MAYWOOD MISSIONS 1029 S BROAD ST LANCASTER OH 43130	31-4388523	501C3	6,000				FOOD PANTRY
(7)	HABITAT FOR HUMANITY OF SE OHIO 14440 ST ROUTE 13 MILLFIELD OH 45761	31-1286856		11,000				FC MICROFINANCE PROG
(8)	LIGHTHOUSE INC PO BOX 215 LANCASTER OH 43130	31-0986303	501C3	16,393				PLUMBING/ WALL REPAI
(9)	THE REFUGE 1031 CITY PARK AVE COLUMBUS OH 43206	31-1655288	501C3	20,000				PROGRAM EXPENSES

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

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

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

DAA

Schedule I (Form 990) (2020)

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

FAIRFIELD COUNTY FOUNDATION

Employer identification number

34-1623983

**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.  Yes  No

**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.

<b>1</b>	<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b>	MAX CONTAINER OPTIONS LLC 1450 E WALNUT ST LANCASTER OH 43130	83-3540278		25,010				ADA COMPLIANT LATRIN
<b>(2)</b>	COOPER CONCRETE SERVICES LLC 3820 CONN ROAD NASHPORT OH 43830	47-5029251		30,347				CONCRETE PAD
<b>(3)</b>	FCF KIWANIS SPECIAL FUND 162 E MAIN ST LANCASTER OH 43130			13,500				ALL ABILITIES PARK
<b>(4)</b>	VPL ARCHITECTS INC 426 E MAIN ST LANCASTER OH 43130	55-0876022		53,280				2 ATHLETIC FIELD
<b>(5)</b>	FIRST PRESBYTERIAN CHURCH 222 N BROAD ST LANCASTER OH 43130	31-4380066	501C3	8,582				SCHOLARSHIPS
<b>(6)</b>	TRINITY UNITED CHURCH OF CHRIST 105 N HIGH ST BALTIMORE OH 43105	23-7326427	501C3	13,872				FUNDS PAYOUT
<b>(7)</b>	PICKERINGTON AREA SOCCER ASSOCIATIO PO BOX 414 PICKERINGTON OH 43147	31-1106380	501C3	20,000				PARKING LOT DEVELOP
<b>(8)</b>								
<b>(9)</b>								

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

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

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

DAA

Schedule I (Form 990) (2020)

**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 SCHOLARSHIPS	378	688,032			
2 SCHOLARSHIPS - DONOR ADV	8	7,000			
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS  
 GRANT RECIPIENTS ARE REQUIRED TO COMPLETE A FINAL GRANT REPORT WITHIN THREE MONTHS OF FUNDING. RECIPIENTS MAY BE SUBJECT TO A SITE VISIT BY THE PROGRAM ADMINISTRATOR. GRANT GUIDELINES ARE PROVIDED TO APPLICANTS WHICH OUTLINES THE PROGRAM.  
 PART IV - ADDITIONAL INFORMATION  
 THE CHILDREN OF A FEW BOARD MEMBERS RECEIVED SCHOLARSHIPS IN 2020. THE BOARD MEMBERS DID NOT PARTICIPATE ON THE SCHOLARSHIP COMMITTEE FOR THEIR SELECTION.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open To Public Inspection

Name of the organization

FAIRFIELD COUNTY FOUNDATION

Employer identification number

34-1623983

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

**Total** ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

FAIRFIELD COUNTY FOUNDATION

Employer identification number

34-1623983

**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	3	162,961	FAIR 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 isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

**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.

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS  
NONCASH DONATIONS OF SECURITIES ARE HANDLED, PROCESSED, VALUED, AND SOLD BY  
FAIRFIELD NATIONAL BANK.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

FAIRFIELD COUNTY FOUNDATION

Employer identification number

34-1623983

FORM 990 - ORGANIZATION'S MISSION

BUILDING A LEGACY THROUGH PHILANTHROPY AND STEWARDSHIP TO STRENGTHEN OUR  
COMMUNITY. THE FAIRFIELD COUNTY FOUNDATION HAS HELPED DONORS CREATE LASTING  
CHARITABLE LEGACIES THAT CARRY ON THEIR NAMES, THEIR VALUES AND THEIR  
PRIORITIES. WITHIN THE FOUNDATION ARE MORE THAN 300 INDIVIDUAL CHARITABLE  
FUNDS, EACH CREATED BY DONORS TO ADDRESS THOSE LOCAL CAUSES THEY ARE MOST  
PASSIONATE ABOUT. FOUNDATION GRANTS SUPPORT THE ARTS, CHILDREN'S PROGRAMS,  
HEALTH AND WELLNESS PROJECTS, COMMUNITY DEVELOPMENT, ACADEMICS AND MUCH  
MORE. FROM SCHOLARSHIPS FOR DESERVING FAIRFIELD COUNTY YOUTH AND EQUIPMENT  
TO KEEP PEOPLE FIT AND HEALTHY, TO IMPROVEMENTS TO GREEN SPACES THROUGHOUT  
OUR COUNTY AND GRANTS TO FEED THE HUNGRY, THE FAIRFIELD COUNTY FOUNDATION  
TOUCHES EVERY MEMBER OF OUR COMMUNITY IN SOME WAY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
COPIES OF FORM 990 ARE PROVIDED TO BOARD MEMBERS WITH PAPER COPIES AT BOARD  
MEETINGS OR VIA E-MAIL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
ANNUAL REVIEW OF THE POLICY BY THE BOARD.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
EXECUTIVE DIRECTOR'S SALARY IS SUBJECT TO REVIEW BY AN EXECUTIVE COMMITTEE  
OF THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Name of the organization

Employer identification number

FAIRFIELD COUNTY FOUNDATION

34-1623983

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE FOUNDATION'S OFFICE. FORM 990 IS PROVIDED TO THE PUBLIC VIA THE GUIDESTAR WEBSITE AS WELL AS THE FOUNDATION'S WEBSITE.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
FOUNDATION ADMIN FEE	\$ 277,095	\$ 0	\$ 0
FOUNDATION ADMIN FEE	\$ 245,725	\$ 0	\$ 0
TOTAL	\$ 522,820	\$ 0	\$ 0

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

COLLECTION APPRECIATION	\$ 82,973
P/Y K-1 INCOME	\$ -40,196
FEDERAL UBIT TAX	\$ -9,537
TOTAL	\$ 33,240

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

FAIRFIELD COUNTY FOUNDATION

Employer identification number

34-1623983

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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**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
(1) FAIRFIELD FOUNDATION REAL ESTATE LT 162 E MAIN STREET LANCASTER OH 43130	LAND	OH			FAIRFIELD
(2) FAIRFIELD FOUNDATION REAL ESTATE II 162 E MAIN STREET LANCASTER OH 43130	LAND	OH	55,603	627,500	FAIRFIELD
(3)					
(4)					
(5)					

**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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

**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 alloc.?		(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	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**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.

(1)	(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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
					Yes	No			Yes	No		Yes	No		
(1)	.....					Yes	No								
(2)	.....														
(3)	.....														
(4)	.....														
(5)	.....														
(6)	.....														
(7)	.....														
(8)	.....														
(9)	.....														
(10)	.....														
(11)	.....														



