efile	e Pu	ıblic Visı	al Render	ObjectId: 2	202313189349	301621 - Sul	mission:	2023-1	1-14	T	IN: 31-1111842
	00		Re	turn of O	rganizatior	1 Exempt	From Ir	Icom	e Tax	(	OMB No. 1545-0047
Form	コこ	U			U	•				ione	2022
					r <b>4947(a)(1) of th</b> ocial security numl		-			ions)	2022
					gov/Form990 fo						Open to Public
		the Treasury		30 to <u>www.ms.</u> g	<u>907710111990</u> 10		nu the late	semiori			Inspection
A F	or th	e 2022 ca	alendar year, o	or tax year beg	inning 01-01-20	22 , and endir	ng 12-31-20	)22			
B Che	ck if a	applicable:	C Name of organ PHILANTHROP						D Employe	er identif	fication number
_		change	FILLANTIKOF	1 01110					31-1111	.842	
O Na O Ini		-	Doing business	as					·		
_		rn/terminated							E Telephon	a number	
		d return	Number and st 500 S FRONT S		mail is not delivered	to street address)	Room/suite				
Ξ Αρ	piicati	ion pending			ountry, and ZIP or for	aign postal codo			(614) 2.	24-1344	
			COLUMBUS, OF		undy, and ZIP of 100	eigh postal code			<b>G</b> Gross red	ceipts \$ 1	,905,309
				address of princi	pal officer:		Н	(a) Is thi	s a group ret	urn for	· ·
			DEBORAH AUE 500 S FRONT						dinates?		🗌 Yes 🗹 No
			COLUMBUS, O				н	(b) Are a incluo	ll subordinat 1ed?	es	□ Yes □No
I Tax	-exer	mpt status:	<b>5</b> 01(c)(3)	501(c) ( )	(insert no.)	4947(a)(1) or	527		o," attach a li	st. See	instructions.
J W	ebsit	te: 🕨 WW	W.PHILANTHRC	PYOHIO.ORG			н	(c) Grou	p exemption	number	•
			_						-	M Chata	
K Forn	n of o	rganization:	Corporation	U Trust U As	sociation 🗌 Other	•	Lĭ	ear of form	ation: 1984	OH State	of legal domicile:
Pa	art I	Sum	mary								
		Briefly des	cribe the organ		or most significan						
ce		TO PROVIL	DE LEADERSHIP	FOR ORGANIZE	D PHILANTHROPY	IN OHIO.					
nan											
Governance	_	Chack thi	s box 🕨 🗌								
69	2			ers of the govern	ning body (Part VI,	line 1a)				3	19
× ×	4	Number o	of independent v	voting members	of the governing b	ody (Part VI, line	e1b)			4	19
tte:	5	Total num	ber of individua	als employed in c	alendar year 2022	2 (Part V, line 2a)	)			5	16
Activities &	6			•	ecessary)				•	6	149
Ă					art VIII, column (C)					7a	0
	b	Net unrela	ated business ta	axable income fro	om Form 990-T, Pa	art I, line 11 .			• •	7b	0
	_						-	Pri	or Year	~ ~	Current Year
9			-	-	h)		•		1,847,1		1,544,805
Revenue				. ,	g) • • • • • , lines 3, 4, and 70		•		216,1 83,4		313,538 42,103
å					s 5, 6d, 8c, 9c, 10	•	·		6,0		42,103
			· ·		ust equal Part VIII		- 12)		2,152,7		1,905,309
					column (A), lines		. 12)			0	0
					column (A), line 4	-				0	0
\$2	15	Salaries,	other compensa	ation, employee l	benefits (Part IX, c	column (A), lines	5-10)		1,225,3	85	1,287,956
Exp enses	16a	Professio	nal fundraising	fees (Part IX, col	umn (A), line 11e	)				0	0
be	b	Total fundra	aising expenses (F	Part IX, column (D)	, line 25) ▶ <mark>268,255</mark>						
ß	17	Other exp	enses (Part IX,	column (A), line	s 11a-11d, 11f-24	4e)			964,8	88	666,034
	18	Total expe	enses. Add lines	s 13–17 (must ed	qual Part IX, colum	nn (A), line 25)	[		2,190,2	73	1,953,990
	19	Revenue	less expenses.	Subtract line 18	from line 12 .				-37,5		-48,681
s or							I	Beginning	of Current Ye	ar	End of Year
set	20	Total asse	ets (Part X, line								
As B	-			16)			. ŀ		1,895,1	29	1,725.898
÷ 2	21	Total liabi		16) ne 26)					1,895,1 375,8		1,725,898 482,093
Net Assets or Fund Balances			lities (Part X, lir	ne 26)		· · · · ·				67	

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

		anature of officer				2023-07-25		
ign ere		gnature of officer				Date		
ere	DL	BORAH AUBERT THOMAS PRESID pe or print name and title	DENT & CEO					
	/ //	Print/Type preparer's name	Preparer's	signature	Date		PTIN	
aid	I			-	2023-07-25	Check $\cup$ if self-employed	P01225377	
rep	barer	Firm's name Firm's CLARK SCHA	AEFER HACKETT & CO			Firm's EIN 🕨	31-0800053	
se	Only	Firm's address 🕨 4449 EASTO	N WAY SUITE 400			Phone no. (61	4) 885-2208	
		COLUMBUS,	OH 43219					
av th	ne IRS disc	cuss this return with the prep	arer shown above?	See Instructions.			. 🗹 Yes 🕻	No
		Reduction Act Notice, see				No. 11282Y	Fo	rm <b>990</b> (2
				Page 2				
orm 9	990 (2022)	)						Pa
Part	Sta	atement of Program Se	ervice Accomplis	hments				
		eck if Schedule O contains a		any line in this Par	tIII			(
-		scribe the organization's miss						
) LEA	AD AND EQ	QUIP OHIO PHILANTHROPY T	O BE EFFECTIVE PAR	RTNERS FOR CHAN	GE IN OUR COMMUN	ITIES.		
2	Did the or	ganization undertake any sig	nificant program ser	vices during the ye	ar which were not lis	ted on		
	the prior F	Form 990 or 990-EZ?					. 🗌 Ye	s 🔽 No
		escribe these new services o						
		ganization cease conducting,	or make significant	changes in how it	conducts, any progra	m		Yes 🔽 N
	services? If "Yes " du	escribe these changes on Sch	hedule O					Yes 🔽 N
		he organization's program se		nts for each of its t	hree largest program	services, as i	measured by ex	oenses.
	Section 50	01(c)(3) and 501(c)(4) organ ue, if any, for each program	izations are required					
a	(Code:	) (Expenses \$	407,595	including grants of	\$	) (Revenue \$	313,5	38)
	PHILANTHR AUDIENCES INCLUDING INFLUENCIN	IG: SUPPORTING POLICIES TO ST OPIC RESOURCES. PHILANTHROP 5 INCLUDING MEDIA, STATE AND SERVING ON THE OHIO ATTORN NG STATE POLICY REFORM IN EDI D CHARITABLE GIVING THROUGH	PY OHIO (POH) LEAD AN FEDERAL POLICY MAKE EY GENERAL'S CHARITA UCATION, HEALTH AND	ID EQUIPPED OUR ME RS AND THROUGH IN BLE ADVISORY COUN HOUSING THROUGH I	MBERS BY: (1) BRINGIN FERACTION WITH OHIO' CIL AND GOVERNOR DE' MEMBER-DRIVEN COALIT	G PHILANTHROF S STATEWIDE O WINE'S OHIO PH	PY'S VOICE TO KEY FFICIALS AND CAE HILANTHROPY COL	EXTERNAL BINET STAFF, LECTIVE; (2)
	(Code: EDUCATING	) (Expenses \$ 6: SHARING THE WISDOM FROM L	610,399 LOCAL EXPERTS, NATIO	including grants of NAL THOUGHT LEADE		) (Revenue \$ H PROGRAMS AI		) ESOURCES T
	IMPROVE PH CONFERENCE INVESTMEN (EQUITY PE	HILANTHROPIC PRACTICES. IN 2C CE. IN ADDITION TO THE ANNUAL ITS, GOVERNANCE, GRANTMAKIN ER GROUPS, EDUCATION FUNDER G 136 NEWSLETTERS AND SPECIA	22 POH OFFERED 64 PI CONFERENCE, POH OF G, ETC.) AND BY JOB P RS, ETC.). POH ALSO EN	ROGRAMS, SERVING ( FERED PROGRAMS IN OSITION (SCHOLARSH NHANCED KNOWLEDG	OVER 1,300 PARTICIPAN CORE COMPETENCY AR HIP MANAGERS, EXECUT E BY ANSWERING 53 RE	TS, INCLUDING EAS (COMMUNI IVE DIRECTORS QUESTS FOR IN	THE PHILANTHROF CATIONS, FINANCE , ETC.) AND INTER FORMATION IN 202	Y FORWARD & EST AREAS 22 AND
	(Cod-:		100 (01	includian a set of		) (Deverse +		
	STRENGTHE PEERS, POS PROVIDED.	) (Expenses \$ 5: ENGAGING PEOPLE IN MEANIN ENING RELATIONSHIPS IN ORDER ING QUESTIONS AND SEEKING A PEER GROUPS MET VIRTUALLY A ER GROUPS, EDUCATION FUNDER	GFUL CONVERSATIONS TO AMPLIFY IMPACT. P ADVICE. IN 2022, POH N ND IN PERSON, ORGAN	OH MAINTAINS SEVER	OR LEARNING FROM EA RAL ELECTRONIC LISTSE THROUGH THE LISTSE	RVS THAT ALLO RVS, WITH 136	W MEMBERS TO IN QUESTIONS AND A	NSWERS
1d	Other prog	gram services (Describe in So	chedule O.)					
	(Expenses		including grants of		) (Revenue s	\$	)	
e	Total pro	gram service expenses 🕨	1,140,6	515			Fc	orm <b>990</b> (2
				— Page 3 —				
		)						Ра
rm 9	990 (2022)	/						

10/18/2	24, 2:50 PM Philanthropy Ohio - Full Filing- Nonprofit Explorer - ProPublica			
2	Scneaule A 📨 . Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🗐 .	2	Yes	
3	Did the organization required to complete ocheane b) beneare of contributors. See instructions and the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 😒	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 😼	4	Yes	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 🗐 .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I <b>3</b> .	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 🔞	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🧐	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 3	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <b>3</b>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🗐	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😼	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional "	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i>	18		No
19	complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm <b>99</b>	<b>0</b> (2022)

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Form 990 (2022)

Part IV Checklist of Required Schedules (continued)

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<ul> <li>colur</li> <li>23 Did t currer</li> <li>24a Did t the l com/</li> <li>24a Did t</li> <li>d Did t</li> <li>c Did t</li> <li>c Did t</li> <li>d Did t</li> <li>25a Sect trans</li> <li>b Is th that Sche</li> <li>26 Did t</li> <li>27 Did t</li> <li>emp 35%</li> </ul>	the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, mn (A), line 2? <i>If</i> " <i>Yes</i> ," <i>complete Schedule I, Parts I and III</i>	22 23 24a 24b 24c 24d 25a 25b 26	Yes	No No No
<ul> <li>curracionality</li> <li>24a Did t</li> <li>b Did t</li> <li>c Did t</li> <lic did="" li="" t<=""> <li>c Did t</li> <li>c Did</li></lic></ul>	ent and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes,"</i> <i>plete Schedule J</i>	24a 24b 24c 24d 25a 25b	Yes	No
<ul> <li>the l com,</li> <li>b Did t</li> <li>c Did t</li> <li>t to de</li> <li>d Did t</li> <li>25a Sect trans</li> <li>b Is the that Sche</li> <li>26 Did t</li> <li>27 Did t emp 35%</li> </ul>	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and plete Schedule K. If "No," go to line 25a	24b 24c 24d 25a 25b		No
<ul> <li>c Did t to de to de d</li> <li>d Did t</li> <li>25a Sectatoria sectoria sec</li></ul>	the organization maintain an escrow account other than a refunding escrow at any time during the year efease any tax-exempt bonds?	24c 24d 25a 25b		
to de d Did t 25a Sect trans b Is th that Sche 26 Did t office mem 35%	efease any tax-exempt bonds?	24d 25a 25b		
<ul> <li>25a Sect trans</li> <li>b Is the that Sche</li> <li>26 Did to offici mem</li> <li>27 Did to emp 35%</li> </ul>	tion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit saction with a disqualified person during the year? <i>If "Yes," complete Schedule L</i> , Part I	25a 25b		
<ul> <li>b Is the that Schee</li> <li>26 Did to office mem</li> <li>27 Did to emp 35%</li> </ul>	saction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25b		
<ul> <li>that Sche</li> <li>26 Did t office mem</li> <li>27 Did t emp 35%</li> </ul>	the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete edule L, Part I			No
office mem 27 Did t emp 35%	er, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family ober of any of these persons? If "Yes," complete Schedule L, Part II			L
emp 35%	the organization provide a grant or other assistance to any current or former officer, director, trustee, key			No
	loyee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a o controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete</i> <i>edule L</i> ,Part III	27		No
instr	the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV ructions for applicable filing thresholds, conditions, and exceptions):			
	rrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> plete Schedule L, Part IV	28a		No
<b>b</b> A far	mily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete edule L, Part IV	28c		No
29 Did t	the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No
	the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ributions? If "Yes," complete Schedule M	30		No
31 Did t	the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
Sche	the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete edule N, Part II	32		No
	the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		No
	the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and V, line 1	34		No
35a Did t	the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	es' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity in the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 Sect	tion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related inization? If "Yes," complete Schedule R, Part V, line 2	36		No
37 Did t is tre	the organization conduct more than 5% of its activities through an entity that is not a related organization and that eated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
All F	the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> orm 990 filers are required to complete Schedule O.	38	Yes	
Part V	<b>Statements Regarding Other IRS Filings and Tax Compliance</b> Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	er the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 15			
	er the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b> 0			
c Did t (gan	the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming nbling) winnings to prize winners?	1c	Yes	

https://projects.propublica.org/nonprofits/organizations/311111842/202313189349301621/full

Form 990 (2022)

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10/18/24, 2:50 PM

га				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? $\ldots$ .	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $~$ .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

If "Yes," complete Form 6069.

Form 990 (2022)

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Form	990 (2022)			Page (
Par	rt VI <b>Governance, Management, and Disclosure.</b> For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-		-
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 19			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$ .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\ .$	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
<u> </u>				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	e Code 10a		No
10a b	Did the organization have local chapters, branches, or affiliates?		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	<b>Yes</b> Yes	No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes	

5	501(c)(3)s only)	available	for public inspection.	Indicate how you	u made these	e available	e. Check	all that ap	oply.

✓ Own website □ Another's website ✓ Upon request □ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: DEBORAH AUBERT THOMAS 500 S FRONT STREET 900 COLUMBUS, OH 43215 (614) 224-1344

 Form 990 (2022)

 Page 7

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list	Pos one of	(C) ition (do not ch box, unless pe ficer and a dire	neck ersoi ectoi	: mo n is	re tha both a	n	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) LESLIE DUNFORD CHAIR		х		x				0	0	0
(2) BRADY GROVES VICE CHAIR		х		x				0	0	0
(3) DENISE GRIGGS TREASURER	1.00	х		x				0	0	0
(4) STEVEN MOORE SECRETARY		х		x				0	0	0
(5) ERIC AVNER AT-LARGE	1.00	х		x				0	0	0
(6) KEITH BURWELL BOARD MEMBER	1.00	х						0	0	0
(7) MEGHAN CUMMINGS BOARD MEMBER		х						0	0	0
(8) AMY EYMAN BOARD MEMBER		х						0	0	0
(9) CONSTANCE HAWK BOARD MEMBER	1.00	х						0	0	0
(10) BENJAMIN KROECK BOARD MEMBER	1.00	х						0	0	0
(11) SU LOK BOARD MEMBER	1.00	х						0	0	0

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(12) MICHELLE LOVELY	1.00	х			0	0	0
BOARD MEMBER	•	^			0	0	U
(13) JILL MILLER BOARD MEMBER		х			0	0	C
(14) PATRICIA O'BRIEN BOARD MEMBER		х			0	0	C
(15) ALESHA WASHINGTON BOARD MEMBER	1.00	х			0	0	C
(16) KRISTEN ROST BOARD MEMBER		х			0	0	C
(17) BRIAN WAGNER BOARD MEMBER	1.00	x			0	0	0

— Page 8 -

Form 990 (2022)

Page 8

<b>(A)</b> Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe fficer and a dire	neck erso	n is r/tri	both a	n	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
8) KAREN WHITE DARD MEMBER	1.00	x						0	0	(
9) LISSY RAND OARD MEMBER	1.00	X						0	0	(
0) DEBORAH AUBERT THOMAS RESIDENT & CEO	40.00			х				143,150	0	11,68
21) MARY DUNBAR ENIOR VP OPERATIONS & STRATEGY	40.00			x				116,708	0	9,568
Lb Sub-Total										
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A				Ě			259,858	0	21,24

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

Yes No

**3** Did the organization list anv **former** officer. director or trustee. kev employee. or highest compensated employee on https://projects.propublica.org/nonprofits/organizations/311111842/202313189349301621/full

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ine 1a? If "Yes," complete Schedule J for	such individual	· · · · ·	· · · · ·	• •	3		No
For any individual listed on line 1a, is the organization and related organizations grain individual				n the			
		• • • • • •			4	Yes	
Did any person listed on line 1a receive o services rendered to the organization?If "	Yes," complete Sched		-		5		No
Section B. Independent Contractors				+100 000 -f		- 41	
Complete this table for your five highest of from the organization. Report compensation	ion for the calendar ye	ear ending with or wi	thin the organizatio	n's tax year.	npensa	ation	
	(A) Jusiness address		Desc	(B) ription of services		(C Comper	
				P			
Total number of independent contractors (ir	ncluding but not limite	d to those listed abo	ve) who received m	ore than \$100.00	0 of		
compensation from the organization $\triangleright$ 0	leidding bat not innite						
					I	Form <b>99</b>	<b>0</b> (202)
		Page 9					
		5					
m 990 (2022) Part VIII Statement of Revenue							Page
Part VIII Statement of Revenue Check if Schedule O contains a m	esponse or note to an	v line in this Part VIII					
		(A)	(B)	(C)		(D	)
		Total revenue	Related or exempt	Unrelated business		Rever excluded	
			function revenue	revenue	ta	x under 512 -	
Federated campaigns 1a						-	-
htributions,							
Bembership dues 1b							
herAmt 746,636 <del>nilor</del>							
ound the second							
Related organizations 1d							
Government grants (contributions) <b>1e</b> 28,500							
All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>							
769,669							
Noncash contributions included in lines 1a - 1f:\$							
ines 1a - 1r:\$ <b>1g</b>							
<b>Total.</b> Add lines 1a-1f	1,544,805						
	Business Code	250.605	250.605				
2a ANNUAL CONFERENCE	611430	259,685	259,685				
, WORKSHOPS/PUBLICATIONS	-	53,853	53,853				
97 97	611430						
9	-						
	-				_		
й I Е							
workshops/publications							
<b>f</b> All other program service revenue.							
<b>9 Total.</b> Add lines 2a–2f	313,538	3					
3 Investment income (including dividends,	interest, and other	42,103					42,10

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4 Income from invest	stment of tax-exemp	ot bond proceeds				
5 Royalties						
	(i) Real	(ii) Personal				
<b>6a</b> Gross rents						
	6a					
expenses	6b					
c Rental income or (loss)	6c					
<b>d</b> Net rental incom	ne or (loss)					
	(i) Securiti	ies (ii) Other				
7a Gross amount from sales of assets other than inventory	7a					
Less: cost or other basis and sales expenses	7b					
Gain or (loss)	<b>7</b> c					
<ul> <li>(not including \$ contributions report See Part IV, line 18</li> <li>b Less: direct experience</li> <li>c Net income or (lot</li> <li>9a Gross income from See Part IV, line 1</li> <li>b Less: direct experience</li> <li>c Net income or (lot</li> <li>10a Gross sales of inverturns and allow</li> <li>b Less: cost of goo</li> </ul>	of ed on line 1c). sinses oss) from fundraising n gaming activities. 9 enses oss) from gaming ac ventory, less vances	9a 9b tivities				
11a <sub>MISCELLANEOU</sub>	S INCOME	900099	4,863			4,86
<b>b</b> er <b>f</b> evenueMiscAmt						
<b>d</b> All other revenue	e					
e Total. Add lines	11a-11d	<b>&gt;</b>	4,863			
12 Total revenue.	See instructions .					
I			1,905,309	313,538	0	46,96

Form **990** (2022)

Form 990 (	(2022)				Page <b>10</b>		
Part IX	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).						
	Check if Schedule O contains a response or note to a	ny line in this Part IX			🗆		
	clude amounts reported on lines 6b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
	s and other assistance to domestic organizations and stic governments. See Part IV, line 21						
	s and other assistance to domestic individuals. See /, line 22						

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3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	281,106	151,534	79,274	50,298
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	758,446	408,850	213,888	135,708
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,431	22,334	11,684	7,413
9	Other employee benefits	129,774	69,956	36,598	23,220
10	Payroll taxes	77,199	41,615	21,771	13,813
11	Fees for services (non-employees):				
a	Management				
t	Legal	3,605		3,605	
c	Accounting	16,923		16,923	
c	Lobbying	56,243	56,243		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,102		7,102	
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	50,474	16,927	33,265	282
12	Advertising and promotion				
13	Office expenses	8,449	3,935	3,722	792
14	Information technology	114,557	51,365	52,862	10,330
15	Royalties				
16	Occupancy	106,959	63,819	30,305	12,835
17	Travel	18,456	11,012	5,229	2,215
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	167,970	167,970		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	34,656	20,678	9,819	4,159
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a SUBSCRIPTIONS AND MEMBE	29,870	29,043	827	
	<b>b</b> PROFESSIONAL DEVELOPMEN	29,723	16,023	8,382	5,318
	c				
	d				
	e All other expenses	21,047	9,311	9,864	1,872
	Total functional expenses. Add lines 1 through 24e	1,953,990	1,140,615	545,120	268,255
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	_,,	_,,		
	Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				

Form **990** (2022)

#### Page 11 Form 990 (2022) Page 11 Part X **Balance Sheet** $\Box$ Check if Schedule O contains a response or note to any line in this $\ensuremath{\mathsf{Part}}\,\ensuremath{\mathsf{IX}}$ **(A)** Beginning of year **(B)** End of year 262,628 281,195 1 Cash-non-interest-bearing 1 • • • • • • · • . . •

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1	2	Savings and temporary cash investments .	• •	· · · · · · _		2	
	3	Pledges and grants receivable, net			123,022	3	184,000
	4	Accounts receivable, net	•			4	
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	contributor, or 35%		5		
	6		and other receivables from other disqualified persons (as defined under 4958(f)(1)), and persons described in section 4958(c)(3)(B)				
\$	7	Notes and loans receivable, net			7		
ssets	8	Inventories for sale or use	ventories for sale or use				
Ass	9	Prepaid expenses and deferred charges			15,760	9	2,880
	L0a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	337,043			
	b	Less: accumulated depreciation	10b	140,363	151,711	10c	196,680
1	L 1	Investments—publicly traded securities .			1,342,008	11	879,416
1	12	Investments-other securities. See Part IV, line	11 .			12	
1	13	Investments-program-related. See Part IV, line			13		
1	L4	Intangible assets			14		
1	L5	Other assets. See Part IV, line 11		0	15	181,727	
1	L6	Total assets. Add lines 1 through 15 (must equ	33)	1,895,129	16	1,725,898	
1	17	Accounts payable and accrued expenses			195,072	17	201,423
1	18	Grants payable				18	
1	19	Deferred revenue		180,795	19	33,805	
2	20	Tax-exempt bond liabilities			20		
<u>د</u> 2	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons	or 35% controlled entity		22		
2	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
2	24	Unsecured notes and loans payable to unrelated		· ·		24	
2	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	to related third parties,	0	25	246,865	
2	26	Total liabilities. Add lines 17 through 25 .			375,867	26	482,093
		Organizations that follow FASB ASC 958, cf complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck h	ere 🕨 🗹 and	1,342,873	27	887,594
89 2	28	Net assets with donor restrictions			176,389	28	356,211
or Fund Ba		Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	•	heck here ► □ and		29	
	80	Paid-in or capital surplus, or land, building or eq	uipmei	nt fund		30	
Assets 6 6	81	Retained earnings, endowment, accumulated in	come, o	or other funds		31	
et A	32	Total net assets or fund balances			1,519,262	32	1,243,805

Form 990 (2022)

Page 12 \_\_\_\_\_

Form	990 (2022)		Page <b>12</b>
Pa	rt XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,905,309
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,953,990
3	Revenue less expenses. Subtract line 2 from line 1	3	-48,681
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4	1,519,262
5	Net unrealized gains (losses) on investments	5	-226,776
6	Donated services and use of facilities	6	
7	Investment expenses	7	
R	Drior nariod adjustments	R	

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9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) <b>10</b>		1	,243,80
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: 🛛 🖸 Cash 🗹 Accrual 🗌 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis, or both:	,		
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	0.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form 990 (2022)		
Additional Data		Return to Form
	Software ID:	
	Software Version:	
Form 990, Special Condition Description:		
	Special Condition Description	

**Special Condition Description** 

efile Public Visual Render ObjectId: 20231318934						1621 - Submi	ssion: 2023-	11-14	TIN: 31-1111842
SC	HED	ULE A		Public (	Charity Statu	s and Put	olic Supp	ort	OMB No. 1545-0047
(For	n 990)	)	Con		rganization is a sect	ion 501(c)(3) d	organization or		2022
		he Treasury			4947(a)(1) nonexe Attach to Form	990 or Form 99	0-EZ.		
Interna	l Revenu	e Service	•	Go to <u>www.irs</u>	<u>.gov/Form990</u> for ii	nstructions and	l the latest info	ormation.	Open to Public Inspection
		he organiza PY OHIO	tion					Employer identifi	cation number
				-				31-1111842	
	rt I organiz	Reason factories not a	for Public a private four	Charity State ndation because	us (All organization e it is: (For lines 1 thro	<u>s must comple</u> ough 12, check or	<u>te this part.) S</u> nly one box.)	See instructions.	
1		A church, c	onvention of	churches, or as	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2	2 A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)								
3		A hospital o	or a cooperat	ive hospital serv	vice organization desci	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:								
5				ed for the benefi omplete Part II.)	t of a college or univer	rsity owned or op	perated by a gov	ernmental unit descr	ibed in <b>section</b>
6					governmental unit de				
7				rmally receives ( (vi). (Complete	a substantial part of it Part II.)	s support from a	governmental u	nit or from the gene	ral public described in
8		A communi	ty trust desc	ribed in <b>sectior</b>	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		non-land gr	ant college o	of agriculture. S	ee instructions. Enter	the name, city, a	nd state of the o	college or university:	lege or university or a
10		from activit investment	ies related to income and	o its exempt fun unrelated busin	(1) more than 331/3% actions—subject to cert less taxable income (le omplete Part III.)	tain exceptions, a	and (2) no more	than 33 1/3% of its s	
11		An organiza	ation organiz	ed and operated	d exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		more public	ly supported	l organizations o	d exclusively for the be described in <b>section 5</b> s the type of supportin	09(a)(1) or se	ction 509(a)(2	). See section 509(	
а		<b>Type I.</b> A so organization	supporting or n(s) the pow	ganization oper	ated, supervised, or composite or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting on the sup	organization sup	ervised or controlled in ation vested in the sar				
с		Type III fi	unctionally	integrated. A s	supporting organizatio				ated with, its
d		Type III n functionally	on-function integrated.	nally integrate The organizatio	n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orga	nization(s) that is not quirement (see
e		Check this	box if the org	ganization receiv	rt IV, Sections A and ved a written determin integrated supporting	nation from the I		pe I, Type II, Type II	I functionally
f	Enter	r the number	of supported	d organizations				· · · · · · · · · <u>-</u>	
g		de the follow Name of supp		ion about the su (ii) EIN	upported organization( (iii) Type of		anization listed	(v) Amount of	(vi) Amount of
	(7)	organizatior		(1)	(described on lines 1- 10 above (see instructions))	in your govern		monetary support (see instructions)	other support (see instructions)
						Yes	No		
									<b>_</b>
Tota	I								
		work Reduc or 990-EZ.	tion Act No	tice, see the Ir	nstructions for	Cat. No. 11285	δF	Schedule	e A (Form 990) 2022
					Pa	ge 2			
					ra	<u> </u>			
Sche	dule A	(Form 990)	2022						Page <b>2</b>
Pa	rt II	(Comple	ete only if y	ou checked th	<b>tations Described</b> ne box on line 5, 7, ify under the tests l	or 8 of Part I o	or if the organi	zation failed to qu	1)(A)(vi) alify under Part III.
	ection	A. Public			1		F = ***	· · · · · · · · · · · · · · · · · · ·	

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	fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	1,933,718	1,184,169	1,629,107	1,847,123	1,544,805	8,138,922
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	1,933,718	1,184,169	1,629,107	1,847,123	1,544,805	8,138,922
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						1,592,220
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4.						6,546,702
	ection B. Total Support						
	lendar year · fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4.	1,933,718	1,184,169	1,629,107	1,847,123	1,544,805	8,138,922
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and	35,334	30,355	30,370	83,453	42,103	221,615
9	income from similar sources Net income from unrelated business						
5	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital	2,887	1,223	16,177	6,013	4,863	31,163
11	assets (Explain in Part VI.) Total support. Add lines 7 through						
	10						8,391,700
12							1,270,809
13	First 5 years. If the Form 990 is for t	-			-		ization, check
5	this box and stop here ection C. Computation of Publi				<u></u>		
14	Public support percentage for 2022 (li			column (f))		14	78.010 %
15	Public support percentage for 2021 So					15	78.580 %
16a	33 1/3% support test—2022. If the	organization did r	not check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this l	
b	and <b>stop here.</b> The organization qual <b>33</b> 1/3% <b>support test—2021.</b> If th						
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances tes</b> and if the organization meets the "fac	t-2022. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	
b	meets the "facts-and-circumstances" <b>10%-facts-and-circumstances te</b> more, and if the organization meets	<b>st—2021.</b> If the o	rganization did no	t check a box on l	ine 13, 16a, 16b,	or 17a, and line 15	5 is 10% or
18	meets the "facts-and-circumstances" <b>Private foundation.</b> If the organizati	test. The organiza	ation qualifies as a	publicly supporte	d organization		<u> </u>
_	instructions	<u></u>	<u></u>	<u></u>	<u> </u>		► 🗆
						Schedule A (I	Form 990) 2022
			Page 3				
Sch	edule A (Form 990) 2022						Dago <b>3</b>
	Part III Support Schedule f	or Organizatio	ns Described i	n Section 509	(a)(2)		Page <b>3</b>
	(Complete only if you the organization fails	I checked the bo	ox on line 10 of l	Part I or if the o	rganization faile	. ,	er Part II. If
	ection A. Public Support			1			
Ca	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total

	endar year fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						

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	to or expended on its behalf.				1		I		
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	<b>Total.</b> Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
b	3 received from disqualified persons Amounts included on lines 2 and 3								
U	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line								
	13 for the year.								
	Add lines 7a and 7b.								
8	<b>Public support.</b> (Subtract line 7c from line 6.)								
Se	ection B. Total Support								
Cale	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) ⊺	Total	
	fiscal year beginning in) 🕨	(a) 2010	(b) 2019	(C) 2020	( <b>u</b> ) 2021	(e) 2022	(1)	otai	
9 10a	Amounts from line 6 Gross income from interest,			-					
10a	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
-	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
с	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								
	regularly carried on.		-	_	-				
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.).								
14	First 5 years. If the Form 990 is for t	he organization's	first, second, th	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) org	anizati	on, ch	eck
	this box and <b>stop here</b>								
	ction C. Computation of Public								
15	Public support percentage for 2022 (lir					15			
16	Public support percentage from 2021 S					16			
<u> </u>	ection D. Computation of Invest Investment income percentage for 202			v line 13 column	(f))	17			
	investment income percentage for <b>zo</b> a			y line 15, column					
	Investment income percentage from 2								
18	Investment income percentage from 2 33 1/3% support tests-2022. If the	021 Schedule A,	Part III, line 17			18	ne 17 is	s not	
	<b>33</b> 1/3% support tests-2022. If the	<b>021</b> Schedule A, organization did r	Part III, line 17 not check the bo	x on line 14, and li	ne 15 is more thar	<b>18</b> 1/3%, and lin		$\frown$	
19a	. –	<b>021</b> Schedule A, organization did r	Part III, line 17 not check the bo organization qua	x on line 14, and li Ilifies as a publicly	ne 15 is more than supported organized	<b>18</b> 1 33 1/3%, and lination	🕨	•	L8 is
19a	<b>33</b> 1/3% support tests-2022. If the more than 33 1/3%, check this box and	<b>021</b> Schedule A, organization did r stop here. The organization did	Part III, line 17 not check the bo organization qua not check a box	x on line 14, and li lifies as a publicly on line 14 or line	ne 15 is more thar supported organiz 19a, and line 16 is	<b>18</b> 1 33 1/3%, and lin ation more than 33 1/	► 3% and	l line 1	L8 is
19a	<b>33</b> 1/3% support tests-2022. If the more than 33 1/3%, check this box and <b>33</b> 1/3% support tests-2021. If the not more than 33 1/3%, check this box	<b>021</b> Schedule A, organization did r stop here. The organization did and stop here.	Part III, line 17 not check the bo organization qua not check a box The organization	x on line 14, and li lifies as a publicly on line 14 or line qualifies as a pub	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	<b>18</b> 33 1/3%, and lin ation more than 33 1/ anization	▶ 3% and	l line 1	L8 is
19a b	<b>33</b> 1/3% support tests-2022. If the more than 33 1/3%, check this box and <b>33</b> 1/3% support tests-2021. If the	<b>021</b> Schedule A, organization did r stop here. The organization did and stop here.	Part III, line 17 not check the bo organization qua not check a box The organization	x on line 14, and li lifies as a publicly on line 14 or line qualifies as a pub	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	<b>18</b> 33 1/3%, and lin ation more than 33 1/ anization	► 3% and ►	l line 1	
19a b	<b>33</b> 1/3% support tests-2022. If the more than 33 1/3%, check this box and <b>33</b> 1/3% support tests-2021. If the not more than 33 1/3%, check this box	<b>021</b> Schedule A, organization did r stop here. The organization did and stop here.	Part III, line 17 not check the bo organization qua not check a box The organization	x on line 14, and li lifies as a publicly on line 14 or line qualifies as a pub	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18           ation           more than 33 1/3           anization           instructions	► 3% and ►	l line 1	
19a b	<b>33</b> 1/3% support tests-2022. If the more than 33 1/3%, check this box and <b>33</b> 1/3% support tests-2021. If the not more than 33 1/3%, check this box	<b>021</b> Schedule A, organization did r stop here. The organization did and stop here.	Part III, line 17 not check the bo organization qua not check a box The organization	x on line 14, and li lifies as a publicly on line 14 or line qualifies as a pub 19a, or 19b, chec	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18           ation           more than 33 1/3           anization           instructions	► 3% and ►	l line 1	
19a b	<b>33</b> 1/3% support tests-2022. If the more than 33 1/3%, check this box and <b>33</b> 1/3% support tests-2021. If the not more than 33 1/3%, check this box	<b>021</b> Schedule A, organization did r stop here. The organization did and stop here.	Part III, line 17 not check the bo organization qua not check a box The organization a box on line 14,	x on line 14, and li lifies as a publicly on line 14 or line qualifies as a pub 19a, or 19b, chec	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18           ation           more than 33 1/3           anization           instructions	► 3% and ►	l line 1	
19a b 20	<b>33</b> 1/3% support tests-2022. If the more than 33 1/3%, check this box and <b>33</b> 1/3% support tests-2021. If the not more than 33 1/3%, check this box	<b>021</b> Schedule A, organization did r stop here. The organization did and stop here.	Part III, line 17 not check the bo organization qua not check a box The organization a box on line 14,	x on line 14, and li lifies as a publicly on line 14 or line qualifies as a pub 19a, or 19b, chec	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18           ation           more than 33 1/3           anization           instructions	► 3% and ►	990)	2022
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19a b 20 Sche	33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2022 t IV Supporting Organization (Complete only if you checked a	021 Schedule A, organization did r stop here. The organization did and stop here. on did not check a s s a box on line 12 o	Part III, line 17 not check the bo organization qua not check a box The organization a box on line 14, Page 4 of Part I. If you c	x on line 14, and li lifies as a publicly on line 14 or line qualifies as a pub 19a, or 19b, chec	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org k this box and see f Part I, complete S	18         ation         more than 33 1/         anization         instructions         Schedule A (	▶ 3% and ▶ ► Form 9	Particular State of the second sec	<b>2022</b> age <b>4</b> ked
19a b 20 Sche	33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2022 t IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Se	021 Schedule A, organization did r stop here. The organization did and stop here. on did not check a s a box on line 12 o ctions A and C. If	Part III, line 17 not check the bo organization qua not check a box The organization a box on line 14, Page 4 of Part I. If you c you checked bo	x on line 14, and li lifies as a publicly on line 14 or line qualifies as a pub 19a, or 19b, chec	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org k this box and see f Part I, complete S	18         ation         more than 33 1/         anization         instructions         Schedule A (	▶ 3% and ▶ ► Form 9	Particular State of the second sec	<b>2022</b> age <b>4</b> ked
19a b 20 Scher Par	33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Section	<ul> <li><b>021</b> Schedule A, organization did r</li> <li><b>stop here.</b> The organization did and <b>stop here.</b> The ondid not check a on did not check a</li> <li><b>s</b></li> <li>a box on line 12 o ctions A and C. If a A and D, and check a</li> </ul>	Part III, line 17 not check the bo organization qua not check a box The organization a box on line 14, Page 4 of Part I. If you c you checked bo	x on line 14, and li lifies as a publicly on line 14 or line qualifies as a pub 19a, or 19b, chec	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org k this box and see f Part I, complete S	18         ation         more than 33 1/         anization         instructions         Schedule A (	▶ 3% and ▶ ► Form 9	Particular State of the second sec	<b>2022</b> age <b>4</b> ked
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19a b 20 Scher Par	<ul> <li>33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box Private foundation. If the organization</li> <li>dule A (Form 990) 2022</li> <li>t IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Section A. All Supporting Organization Complete only if You Checked Section A. All Supporting Organization</li> </ul>	021 Schedule A, organization did r stop here. The e organization did and stop here. on did not check a box on line 12 of ctions A and C. If as A and D, and co ations	Part III, line 17 not check the bo organization qua not check a box The organization a box on line 14, Page 4 of Part I. If you c you checked bo omplete Part V.)	x on line 14, and li lifies as a publicly on line 14 or line qualifies as a pub 19a, or 19b, chec 	ne 15 is more thar supported organiz. 19a, and line 16 is licly supported org k this box and see this box and see	18         ation         more than 33 1/3         anization         instructions         Schedule A (		Pa	<b>2022</b>
19a b 20 Scher Par	<ul> <li>33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (form 990) 2022</li> <li>t IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Section A. All Supporting Organization (Supporting Organization Are all of the organization in Part VI how the support of the organization in Part VI how the support of the organization in Part VI how the support of the organization in Part VI how the support of the organization in Part VI how the support of the organization in Part VI how the support of the organization in Part VI how the support of the organization in Part VI how the support of the organization is part VI how the support of the organization is part VI how the support of the organization is part VI how the support of the organization is part VI how the support of the organization is part VI how the support of the organization is part VI how the support of the organization is part VI how the support of the organization is part VI how the support of the organization is part VI how the support of the organization is part VI how the support of the organization is part VI how the support of the organization is part VI how the support of the organization is part VI how the support of the organization is part vI how the support of the organization is part vI how the support of the organization is part vI how the support of the organization is part vI how the support of the organization is part vI how the support of the organization is part vI how the support of the organization is part vI how the support of the organization is part vI how the support of the organization is part vI how the support of the organization is part vI how the support of the organization is part vI how the support of the organization is part vI how the support of the organization is part vI how the support of the organization is part vI how the support of the organization</li></ul>	021 Schedule A, organization did r stop here. The e organization did and stop here. The on did not check a box on line 12 of ctions A and C. If a A and D, and co ations organizations list upported organizations list	Part III, line 17 not check the bo organization qua not check a box The organization a box on line 14, Page 4 of Part I. If you c you checked bo omplete Part V.) ed by name in the ations are design	x on line 14, and li on line 14 or line qualifies as a pub 19a, or 19b, chec hecked box 12a, o x 12c, of Part I, co he organization's g ated. If designated	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org k this box and see f Part I, complete S omplete Sections A,	18         ation         more than 33 1/         anization         instructions         Schedule A (		d line 1	<b>2022</b>
19a b 20 Scher Par	<ul> <li>33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization</li> <li>dule A (Form 990) 2022</li> <li>t IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete See 12d, of Part I, complete Section A. All Supporting Organization</li> <li>Are all of the organization's supported</li> </ul>	021 Schedule A, organization did r stop here. The e organization did and stop here. The on did not check a box on line 12 of ctions A and C. If a A and D, and co ations organizations list upported organizations list	Part III, line 17 not check the bo organization qua not check a box The organization a box on line 14, Page 4 of Part I. If you c you checked bo omplete Part V.) ed by name in the ations are design	x on line 14, and li on line 14 or line qualifies as a pub 19a, or 19b, chec hecked box 12a, o x 12c, of Part I, co he organization's g ated. If designated	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org k this box and see f Part I, complete S omplete Sections A,	18         ation         more than 33 1/         anization         instructions         Schedule A (		d line 1	<b>2022</b>
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19a b 20 Schee Par 1 2 3a	<ul> <li>33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization</li> <li>dule A (Form 990) 2022</li> <li>t IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete See 12d, of Part I, complete Section A. All Supporting Organization</li> <li>Are all of the organization's supported <i>If "No," describe in Part VI how the su describe the designation. If historic an</i> Did the organization have any supported <i>Sos</i>(a)(1) or (2)? <i>If "Yes," explain in F described in section 509(a)(1) or (2).</i> Did the organization have a supported <i>3c below.</i></li> </ul>	021 Schedule A, organization did r stop here. The e organization did and stop here. The on did not check a box on line 12 of ctions A and C. If is A and D, and co ations organizations list upported organization the part VI how the of organization descent	Part III, line 17 not check the bo organization qua not check a box The organization a box on line 14, Page 4 of Part I. If you c you checked bo omplete Part V.) ed by name in th tions are design ionship, explain. hat does not hav rganization dete	x on line 14, and li on line 14 or line qualifies as a publicly 19a, or 19b, chec hecked box 12a, o x 12c, of Part I, co he organization's g ated. If designated e an IRS determin rmined that the su 501(c)(4), (5), or	ne 15 is more thar supported organiz. 19a, and line 16 is licly supported org k this box and see f Part I, complete S omplete Sections A, overning document d by class or purpo. ation of status und upported organizati (6)? If "Yes," answ	18         ation         more than 33 1/         anization         instructions         instructions         Schedule A (         Sections A and B         D, and E. If you         ts?         se,         er section         on was         ver lines 3b and		d line 1	<b>2022</b>
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**c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

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If tes, explain in **Part VI** what controls the organization put in place to ensure such use.

- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?

C	Substitutions only. Was the substitution the result of an event beyond the organization's control:	30
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organizations that also support or benefit one or more of the filing organizations of the travelation of the filing organizations of the support or benefit one or more of the filing organizations of the filing organization of the support of the support or benefit one or more of the filing organizations of the support of the support of the filing organizations of the support of the support of the support of the support of the filing of the support of the	
	organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"	
	provide detail in <b>Part VI.</b>	9a

- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

Schedule A (Form 990) 2022

Page 5

No

Yes

Yes

No

2

3c

4a

4b

**4c** 

5a

5b

7

8

9b

9с

10a

Pa	ad	е	5
ГС		C	5

Schedule A (Form 990) 2022

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
Se	<u>VI.</u> ection B. Type I Supporting Organizations			

1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
		1	I

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.* 

#### Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of

1

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each of the organization's supported organization(s)? If "No," describe in **Part VI** now control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

# Section D. All Type III Supporting Organizations

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

#### Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- c 🕥 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

#### 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

#### 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

3b Schedule A (Form 990) 2022

2a

2b

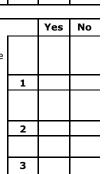
3a

Schedule A (Form 990) 2022

Part Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See  $\Box$ instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 Add lines 1 through 3 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross 6 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d

e Discount claimed for blockage or other factors

https://projects.propublica.org/nonprofits/organizations/311111842/202313189349301621/full



Yes

No

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1



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	(explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	integrate	ed Type III supporting organization (see

# Schedule A (Form 990) 2022

#### — Page 7 —

## Schedule A (Form 990) 2022

Page 7

Current Year         1       Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity that directly furthers exempt purposes of supported organizations, in excess of income from activity that directly furthers exempt purposes of supported organizations, in excess of income from activity that directly furthers exempt purposes of supported organizations, in excess of income from activity that directly furthers exempt purposes of supported organizations       2         3       Administrative expenses paid to accomplish exempt purposes of supported organizations       3         4       Amounts paid to acquire exempt-use assets       4         5       Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)       5         6       Other distributions, (describe in Part VI). See instructions       6         7       Total annual distributions, Add lines 1 through 6.       7         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions       9         9       Distribution Allocations (see instructions)       10         8       Current Year       Amount for 2022 from Section C, line 6       9         1       Distributions (fary, for years prior to 2022 from Section C, line 6       9       10         1       Excess distributions, fary, for years prior to 2022 (reasonable cause required - explain in Pa	Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (co	ntinued)	
2       Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity       2         3       Administrative expenses paid to accomplish exempt purposes of supported organizations       3         4       Amounts paid to acquire exempt-use assets       4         5       Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)       5         6       Other distributions (describe in Part VI). See instructions       6         7       Total annual distributions. Add lines 1 through 6.       7         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions       8         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions       10         10       Image: Section E - Distribution Allocations (see instructions)       (ii)       Underdistributions Pre-2022         1       Distributable amount for 2022 from Section C, line 6       10       Image: Section C, line 6       10         1       Image: Section C, line 6       10       Image: Section C, line 6       10       Image: Section C, line 6       10         2       Inderdistributions, if any, for years prior to 2022.       Image: Section C, line 6       10       10      <	Section D - Distributions				Current Year
a Administrative excess of income from activity       2         3 Administrative excepteses paid to accomplish exempt purposes of supported organizations       3         4 Amounts paid to acquire exempt-use assets       4         5 Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )       5         6 Other distributions ( <i>describe in Part VI</i> ). See instructions       6         7 Total annual distributions. Add lines 1 through 6.       7         8 Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions       8         9 Distributable amount for 2022 from Section C, line 6       9         10 Line 8 amount divided by Line 9 amount       10         Section E - Distribution Allocations (see instructions)         (ii) Underdistributions Pre-2022         10 Line 8 amount for 2022 from Section C, line 6       10         10 Line distributions arroy or provers for to 2022 (reasonable cause required - explain in Part VI). See instructions.         10 Line distributions carroy or prover, if any, to 2022:       10         11 From 2018.       10         1         12 Underdistributions carroy or prover, if any, to 2022:         13 Excess distributions carroy or prover, if any, to 2022:       10         14 From 2019.       10 <tr< td=""><td>1 Amounts paid to supported organizations to accomplish</td><td>n exempt purposes</td><td></td><td>1</td><td></td></tr<>	1 Amounts paid to supported organizations to accomplish	n exempt purposes		1	
4 Amounts paid to acquire exempt-use assets       4         5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)       5         6 Other distributions (describe in Part VI). See instructions       6         7 Total annual distributions. Add lines 1 through 6.       7         8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions       8         9 Distributable amount for 2022 from Section C, line 6       9         10 Line 8 amount divided by Line 9 amount       10         Section E - Distributable amount for 2022 from Section C, line 6       9         1 Distributable amount for 2022 from Section C, line 6       10         2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions       10         3 Excess distributions carryover, if any, to 2022:       2         a From 2013.       1       1         c From 2018.       1       1         d From 2020.       1       1         f Total of lines 3a through e       1       1         g Applied to underdistributions of prior years       1       1         Applied to underdistributions of prior years       1       1         A Applied to underdistributions of prior years       1       1		exempt purposes of supported	organizations, in	2	
Guidified set-aside amounts (prior IRS approval required - provide details in Part VI)       5         G Other distributions (describe in Part VI). See instructions       6         7 Total annual distributions. Add lines 1 through 6.       7         8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions       8         9 Distributable amount for 2022 from Section C, line 6       9         10 Line 8 amount divided by Line 9 amount       10         Section E - Distribution Allocations (see instructions)         (ii)       Underdistributions         (see instructions)       Excess Distributions         10 Distributable amount for 2022 from Section C, line 6       9         2 Underdistributions (f any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.       9         3 Excess distributions carryover, if any, to 2022:       10         a From 2017       10         b From 2018       10         c From 2019       10         f Total of lines 3a through e       10         9 Applied to underdistributions of prior years       10         i Arony core from 2017 not applied (see instructions)       10         1 Remainder. Subtract lines 3g, 3h, and 3i from line 3f.       10         4	3 Administrative expenses paid to accomplish exempt pu	rposes of supported organization	ons	3	
6       Other distributions (describe in Part VI). See instructions       6         7       Total annual distributions. Add lines 1 through 6.       7         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions       8         9       Distributable amount for 2022 from Section C, line 6       9         10       Interest of the section C, line 6       9         10       Line 8 amount divided by Line 9 amount       10         Section E - Distribution Allocations (see instructions)       (i)         (see instructions)       (i)       Underdistributions Pre-2022         1       Distributable amount for 2022 from Section C, line 6       10         2       Underdistributions, if any, for years prior to 2022 (reasonable cause required	4 Amounts paid to acquire exempt-use assets			4	
7 Total annual distributions. Add lines 1 through 6.       7         8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions       8         9 Distributable amount for 2022 from Section C, line 6       9         10 Line 8 amount divided by Line 9 amount       10         Section E - Distribution Allocations (see instructions)         (i)       Underdistributions, if any, for years prior to 2022 from Section C, line 6         1 Distributable amount for 2022 from Section C, line 6       (ii)         2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.       9         3 Excess distributions carryover, if any, to 2022:	5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in <b>Part VI</b> )		5	
8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions       9         9       Distributable amount for 2022 from Section C, line 6       9         10       Interview Supported organizations to which the organization is responsive (provide details in Part VI). See instructions       10         Section E - Distribution Allocations (see instructions)       (ii)       Underdistributions       (iii)         Section E - Distribution Allocations (see instructions)       (i)       Underdistributions       Distributable Amount for 2022         1       Distributable amount for 2022 from Section C, line 6	6 Other distributions ( <i>describe in Part VI</i> ). See instruction	ons		6	
details in Part VI). See instructions       o       o         9 Distributable amount for 2022 from Section C, line 6       9         10 Line 8 amount divided by Line 9 amount       10         Section E - Distribution Allocations (see instructions)       (i) Excess Distributions       Under(istributions pre-2022         1 Distributable amount for 2022 from Section C, line 6       10       Distributable Amount for 2022         2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.       10         3 Excess distributions carryover, if any, to 2022:       10       10         3 Excess distributions carryover, if any, to 2022:       10       10         6 From 2018.       10       10       10         6 From 2020.       10       10       10         7 Total of lines 3 athrough e       10       10       10         9 Applied to underdistributions of prior years       10       10       10         1 Carryover from 2017 not applied (see instructions)       10       10       10         1 Carryover from 2017 not applied (see instructions)       10       10       10         1 Carryover from 2017 not applied (see instructions)       10       10       10         1 Carryover from 2017 not applied (see instructions)       10	<b>7</b> Total annual distributions. Add lines 1 through 6.			7	
10 Line 8 amount divided by Line 9 amount       10         Section E - Distribution Allocations (see instructions)       (i) Excess Distributions       (ii) Underdistributions Pre-2022       (iii) Distributable Amount for 2022         1 Distributable amount for 2022 from Section C, line 6       2       (iii)       (iii)         2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.       3       (iii)       10         3 Excess distributions carryover, if any, to 2022:       -       -       -         b From 2017       -       -       -         b From 2018       -       -       -         c From 2019       -       -       -         f Total of lines 3a through e       -       -       -         g Applied to underdistributions of prior years       -       -       -         i Carryover from 2017 not applied (see instructions)       -       -       -         j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.       -       -       -         4 Distributions for 2022 from Section D, line 7:       -       -       -       -         a Applied to underdistributions of prior years       -       -       -       -         A Applied to underdistributions of prior year		nich the organization is respons	sive ( <i>provide</i>	8	
Section E - Distribution Allocations (see instructions)(i) Excess Distributions(ii) Underdistributions Pre-2022(iii) Distributable Amount for 20221 Distributable amount for 2022 from Section C, line 62 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.3 Excess distributions carryover, if any, to 2022: (reasonable cause required explain in Part VI). See instructions.4 From 2017 </td <td><b>9</b> Distributable amount for 2022 from Section C, line 6</td> <td></td> <td></td> <td>9</td> <td></td>	<b>9</b> Distributable amount for 2022 from Section C, line 6			9	
Section E - Distribution Allocations (see instructions)(1) Excess DistributionsUnderdistributions Pre-2022Distributable Amount for 20221 Distributable amount for 2022 from Section C, line 6 </td <td>10 Line 8 amount divided by Line 9 amount</td> <td></td> <td></td> <td>10</td> <td></td>	10 Line 8 amount divided by Line 9 amount			10	
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions			Underdistributio	ns	Distributable
(reasonable cause required explain in Part VI). See instructions.Part VI). See instructions.3 Excess distributions carryover, if any, to 2022:a From 2017b From 2018c From 2019d From 2020e From 2021f Total of lines 3a through eg Applied to underdistributions of prior yearsh Applied to 2022 distributable amounti Carryover from 2017 not applied (see instructions)j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.4 Distributions for 2022 from Section D, line 7: \$a Applied to underdistributions of prior years	1 Distributable amount for 2022 from Section C, line 6				
a From 2017b From 2018c From 2019d From 2020e From 2021f Total of lines 3a through eg Applied to underdistributions of prior yearsh Applied to 2022 distributable amounti Carryover from 2017 not applied (see instructions)j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.4 Distributions for 2022 from Section D, line 7: \$a Applied to underdistributions of prior years	(reasonable cause required explain in Part VI).				
bFrom 2018.Image: Constraint of the second se					
cFrom 2019.Image: Constraint of the second se	<b>a</b> From 2017				
dFrom 2020.Image: Constraint of the second se	<b>b</b> From 2018				
eFrom 2021.Image: Constraint of the second se	<b>c</b> From 2019				
f Total of lines 3a through eImage: Constraint of the second					
g Applied to underdistributions of prior years       Image: Construction of the second s	<b>e</b> From 2021				
h Applied to 2022 distributable amount       Image: Carryover from 2017 not applied (see instructions)         i Carryover from 2017 not applied (see instructions)       Image: Carryover from 2017 not applied (see instructions)         j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.       Image: Carryover from 2022 from Section D, line 7:         \$       Image: Carryover from 2022 from Section D, line 7:         \$       Image: Carryover from 2022 from Section D, line 7:         \$       Image: Carryover from 2022 from Section D, line 7:         \$       Image: Carryover from 2022 from Section D, line 7:         \$       Image: Carryover from 2022 from Section D, line 7:         \$       Image: Carryover from 2022 from Section D, line 7:         \$       Image: Carryover from 2022 from Section D, line 7:         \$       Image: Carryover from 2022 from Section D, line 7:         \$       Image: Carryover from 2022 from Section D, line 7:         \$       Image: Carryover from 2022 from Section D, line 7:         \$       Image: Carryover from 2022 from Section D, line 7:         \$       Image: Carryover from 2022 from Section D, line 7:         \$       Image: Carryover from 2022 from	5				
i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years	<b>g</b> Applied to underdistributions of prior years				
instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years 4 Distributions of prior years 4 Distributions for 2022 from Section D, line 7: 5 Distributions of prior years 5 Distributions of prior years 6 Distributions of prior years 7 Distributions of prior					
4 Distributions for 2022 from Section D, line 7:	instructions)				
\$ a Applied to underdistributions of prior years					
	<b>b</b> Applied to 2022 distributable amount				

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· · · · · · · · · · · · · · · · · · ·			1
c Remainder. Subtract lines 4a and 4b from line 4.			
<ul> <li>Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions.</li> </ul>			
5 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
e Excess from 2022			
		Sc	hedule A (Form 990) (2022)
	—— Page 8 ———		
chedule A (Form 990) 2022			
			Page <b>8</b>

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

**Facts And Circumstances Test** 

Explanation

Return Reference

Schedule A (Form 990) 2022

**Additional Data** 

10/18/24, 2:50 PM

Software ID: Software Version: Return to Form

efile Public Visual Ren	der Objectld: 202313189349301621 - Submission: 2023-11-14		TIN: 31-1111842
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	2022		
Name of the organization PHILANTHROPY OHIO		Employer id	entification number
		31-1111842	
Organization type (che	ck one):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundated as a private	tion	
	□ 527 political organization		
Form 990-PF	□ 501(c)(3) exempt private foundation		
	$\Box$ 4947(a)(1) nonexempt charitable trust treated as a private foundation		
	$\Box$ 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 other 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 33<sup>1</sup>/<sub>3</sub>% 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 totaling \$5,000 or more during the year ▶ \$

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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.		Cat. No. 30613X	Schedule B (Form 990) (2022)
	- Page 2		
Schedule B (Form 990) (2022)			Page <b>2</b>

Name of organization

Employer identification number

	,			 
21	111	101	r	

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash</li> </ul>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person      Payroll      Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person       Payroll       Noncash       (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

— Page 3 -

Schedule I	B (Form 990) (2022)		Page 3
Name of or PHILANTHR	5	Employer identificatio 31-1111842	n number
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

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-				\$		
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) nstructions)	(d) Date received	
-				\$		
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) nstructions)	(d) Date received	
-				\$		
(a) No. from Part I	(b) Description of noncash	(b) Description of noncash property given				
-				\$		
(a) No. from Part I	(b) Description of noncash	property given	FMV (C (See ir	(C) or estimate) nstructions)	(d) Date received	
-				\$		
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) nstructions)	(d) Date received	
-				\$		
					Schedule B (Form 990) (2022)	
		Page 4				
Schedule Name of or	B (Form 990) (2022) ganization			Employer iden	Page 4	
PHILANTH	ROPY OHIO			31-1111842		
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional sp	tributor. Complete columns (a) th e total of <i>exclusively</i> religious, ch tructions.)▶ \$	nrough (e) a	and the followin	g line entry. For	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is			
-						
	Transferee's name, address, and a	(e) Transfer of gift ZIP 4 F	Relationship	o of transferor to	o transferee	
(a) No. from Part I	(b) Purpose of gift	c) Use of gift		(d) Descrij	ption of how gift is held	

(e) Transfer of gift Relationship of transferor to transferee

Transferee's name, address, and ZIP 4

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Part I	(2) - 219000 01 911		(0) 000 01 911	(a) 2000 pilot of 100 girl io 1000
	Transferee's name, address, and	d ZIP 4	(e) Transfer of gift Relationsh	ip 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, an	d ZIP 4	(e) Transfer of gift Relationsh	ip of transferor to transferee
		-	1	Schedule B (Form 990) (2022)

# **Additional Data**

**Return to Form** 

Software ID: Software Version:

efile Public Visual	Render		49301621 - Submission: 20		TIN: 31-1111842					
SCHEDULE C		Political Campaig	in and Lobbying Ac	tivities	OMB No. 1545-0047					
(Form 990)	For Orga	inizations Exempt From In	come Tax Under section 501	(c) and section 527	2022					
Department of the Treasury Internal Revenue Service	Department of the Treasury nternal Revenue Service       Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.       Open to Inspective         ►Go to www.irs.gov/Form990       for instructions and the latest information.       Inspective									
If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III.										
Name of the organizat				Employer identif	fication number					
FIILANTIKOFT OHIO				31-1111842						
Part I-A Complet	te if the or	ganization is exempt une	der section 501(c) or is a se	ection 527 organiza	tion.					
"political campaig	n activities."	-	political campaign activities in Par		definition of					
			ons							
Part I-B Complet	te if the or	ganization is exempt une	der section 501(c)(3).							
	-		ion under section 4955	► \$_						
		, .	managers under section 4955	► \$_						
<b>3</b> If the organizatio	n incurred a	section 4955 tax, did it file Forr	m 4720 for this year?		🗌 Yes 🗌 No					
4a Was a correction	made?				🗆 Yes 🛛 No					
b If "Yes," describe Part I-C Complet		ganization is exempt un	der section 501(c), except	section $501(c)(3)$						
			for section 527 exempt function a							
2 Enter the amount	t of the filing	organization's funds contribute	d to other organizations for section	n 527 exempt						
3 Total exempt fund	ction expend	itures. Add lines 1 and 2. Enter	here and on Form 1120-POL, line	17b 🕨 🐒						
			)	· ·	🗌 Yes 🗌 No					
5 Enter the names, organization mad of political contril	addresses a le payments. outions receiv	nd employer identification num For each organization listed, er ved that were promptly and dire	ber (EIN) of all section 527 politica hter the amount paid from the filin ectly delivered to a separate politic is needed, provide information in	l organizations to which g organization's funds. A al organization, such as	the filing lso enter the amount					
(a) Name	(	<b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0					
1										
2										
3										
4										
5										
6										
For Paperwork Reduction	n Act Notice, s	see the instructions for Form 990	• Cat. No.	50084S Sche	dule C (Form 990) 2022					

— Page 2 —

Schedule C (Form 990) 2022

Page 2

A	Check <b>b</b> if the filing organization belongs to an expenses, and share of excess lobbying	affiliated group (and list in Part IV each affiliated g expenditures).	group member's name	e, address, EIN,
в	Check $\blacktriangleright$ if the filing organization checked box $A$	A and "limited control" provisions apply.		
	Limits on Lobbying (The term "expenditures" means		( <b>a)</b> Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinio	on (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)	56,243	
с	Total lobbying expenditures (add lines 1a and 1b)		56,243	
d	Other exempt purpose expenditures		1,897,747	
е	Total exempt purpose expenditures (add lines 1c and	1 1d)	1,953,990	
f	Lobbying nontaxable amount. Enter the amount from columns.	n the following table in both	247,700	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
				•
g	Grassroots nontaxable amount (enter 25% of line 1f	)	61,925	
h	Subtract line 1g from line 1a. If zero or less, enter -	D	0	
i	Subtract line 1f from line 1c. If zero or less, enter -0		0	
j	If there is an amount other than zero on either line :	1h or line 1i, did the organization file Form 4720 re	eporting	🗌 Yes 🗌 No

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period											
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	(e) Total						
2a	Lobbying nontaxable amount	244,789	195,612	230,450	247,700	918,551						
Ь	Lobbying ceiling amount (150% of line 2a, column(e))					1,377,827						
с	Total lobbying expenditures	64,409	66,074	68,861	56,243	255,587						
d	Grassroots nontaxable amount				61,925	61,925						
e	Grassroots ceiling amount (150% of line 2d, column (e))					92,888						
f	Grassroots lobbying expenditures				Schodulo C (E	orm 990) 2022						

Schedule C (Form 990) 2022

– Page 3 –

Sche	dule C (Form 990) 2022			Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f Form 5768 (election under section 501(h)).	iled		
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(;	a)	(b)
activity.		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
с	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			

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f	, 1	r lobbying purposes?			+		
g	Direct contact with legislators, the	heir staffs, government officials, or a legislative body?					
h		rs, conventions, speeches, lectures, or any similar means?			-		
i	Other activities?				-		
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any	y tax incurred under section 4912			1		
с	If "Yes," enter the amount of any	y tax incurred by organization managers under section 4912					
d	If the filing organization incurred	d a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the o 501(c)(6).	rganization is exempt under section 501(c)(4), section 501(c)	(5), o	r sect	ion		
				,		Yes	No
1	, , ,	hore) dues received nondeductible by members?		-	1		——
2		in-house lobbying expenditures of \$2,000 or less?		-	2		——
3		rry over lobbying and political expenditures from the prior year? rganization is exempt under section 501(c)(4), section 501(c)			-		
1 2		amounts from members bbying and political expenditures (do not include amounts of political on 527(f) tax was paid).	1				
а	- Current year		2a				
b	Carryover from last year		2b				
с			2c				
3		ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	the organization agree to carryo	ount on line 2c exceeds the amount on line 3, what portion of the excess does ver to the reasonable estimate of nondeductible lobbying and political	4				
5		political expenditures. See Instructions	5				
Pa	art IV Supplemental Inf	formation		<u> </u>			
	vide the descriptions required for	Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); so, complete this part for any additional information.	Part II-	A, lines	1 and	d 2 (se	e
	Return Reference	Explanation					
<b></b>		A	Sched	ule C (	Form	990)	2022

# **Additional Data**

**Return to Form** 

Software ID: Software Version:

efil	efile Public Visual Render ObjectId: 202313189349301621 - Submission: 2023-11-14					TIN: 31-1111842	
SCI	HEDULE D		Supplemen	tal Financial Statem	onte		OMB No. 1545-0047
	orm 990)       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.         Part Treasury						<b>2022</b> Open to Public
-	Revenue Service		o to <u>www.irs.gov/Form</u>	1990 for instructions and the la			Inspection
	me of the organ LANTHROPY OHIO	ization			En	nployer ident	ification number
					-	-1111842	
Pa				sed Funds or Other Similar s" on Form 990, Part IV, line 6	•		
1	Total number at a	end of year		(a) Donor advised funds		(b) Funds a	nd other accounts
2			is to (during year)				
3	Aggregate value						
4	Aggregate value	at end of year					
5	Did the organiza organization's pi	ation inform al roperty, subjec	donors and donor adviso t to the organization's ex	rs in writing that the assets held ir clusive legal control?	donor advised	l funds are the	e 🗌 Yes 🗌 No
6	charitable purpo private benefit?	oses and not fo	r the benefit of the donor	onor advisors in writing that grant f or donor advisor, or for any other	purpose confe		sible
Pa		vation Ease te if the orga		s" on Form 990, Part IV, line 7			
1				nization (check all that apply).	•		
	Preservatio	on of land for p	oublic use (e.g., recreation	n or education)	tion of an histo	orically importa	ant land area
	Protection	of natural hab	itat		tion of a certifi		
	$\square$	on of open spa					
2				qualified conservation contribution	in the form of	a conservatio	n
-	easement on the						he End of the Year
а	Total number of	conservation e	asements		2a		
b	Total acreage res	stricted by con	servation easements		<b>2</b> b		
с	Number of conse	ervation easem	nents on a certified histori	c structure included in (a)	. <b>2c</b>		
d			ents included in (c) acqui National Register	red after July 25, 2006, and not or	na <b>2d</b>		
3			5	d, released, extinguished, or termi	inated by the c	organization du	ring the
4	Number of state	s where prope	rty subject to conservatio	n easement is located 🕨			
5				ne periodic monitoring, inspection,	handling of vic	lations.	
-			rvation easements it holds		indining of the		Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and er	nforcing conser	vation easeme	
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforci	ng conservatio	n easements d	uring the year
8				above satisfy the requirements of			Yes 🗌 No
9	balance sheet, a	and include, if		ervation easements in its revenue footnote to the organization's fina ts.			es
Par				of Art, Historical Treasures		imilar Asse	ts.
1a				s" on Form 990, Part IV, line 8 C 958, not to report in its revenue		1 halance shee	t works of art
та	historical treasu	res, or other s	imilar assets held for pub	lic exhibition, education, or researce ents that describes these items.			
b	historical treasu following amoun	res, or other s	imilar assets held for pub these items:	C 958, to report in its revenue sta lic exhibition, education, or researc	ch in furtherand	ce of public sei	rvice, provide the
(	i) Revenue includ	ed on Form 99	00, Part VIII, line 1			. ▶\$	
2	If the organizati following amoun	on received or its required to	held works of art, historion be reported under FASB	cal treasures, or other similar asse ASC 958 relating to these items:	ts for financial	gain, provide	the
а	Revenue include	ed on Form 99	), Part VIII, line 1			. ►\$	
b	Assets included	in Form 990, I	Part X			. ▶\$	
For I	Paperwork Redu	ction Act No	tice, see the Instruction	ns for Form 990.	Cat. No. 5228	B3D Schedu	le D (Form 990) 2022

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				Page 2							
chodu	ى م ا	(Form 990) 2022									Dava
Part 1		Organizations Maintaining Co	lloctions of Art	Histori				Othor	Similar A	coto (con	Page 2
		the organization's acquisition, accession									
		(check all that apply):			,				orginitioante e		
а		Public exhibition		d		Loan or e	excha	ange prog	grams		
b		Scholarly research		е		Other					
с	$\square$	Preservation for future generations									
	Provid	le a description of the organization's co	ellections and explain	n how the	ey furth	er the org	janiz	ation's ex	kempt purpo	se in	
<b>5</b> (		III. g the year, did the organization solicit of to be sold to raise funds rather than t								<b>—</b>	<b>—</b>
Part		Escrow and Custodial Arrange Complete if the organization ans	ements.							U Yes	<u>∪</u> No n 990, Part X,
		line 21.									
<b>1a</b> ]	Is the includ	organization an agent, trustee, custod ed on Form 990, Part X?	ian or other interme	ediary for	contril	outions or	othe 	er assets	not 	🗌 Yes	🗆 No
b	If "Vo	s," explain the arrangement in Part XII	T and complete the	following	tablor		ī		۵	mount	
		ning balance	•	2			ł	1c	~ ~	mount	
	-	ons during the year						1d			<u> </u>
		putions during the year					ĥ	1e			
							ĥ	1f			
		e organization include an amount on F					L		- L :  :L . O		
		-								_	U No
b j Part		s," explain the arrangement in Part XII Endowment Funds.	I. Check here if the	explanati	on has	been prov	ldec	i in Part )		$\cup$	
Раги	. v	Complete if the organization ans	wered "Yes" on Fo	orm 990	. Part	IV. line 1	0.				
			(a) Current year		rior yea			ears back	(d) Three year	ars back (e)	Four years back
. <b>a</b> Be	eginni	ng of year balance									
<b>b</b> Co	ontrib	utions									
c Ne	et inv	estment earnings, gains, and losses									
<b>d</b> G	rants	or scholarships									
		xpenditures for facilities ograms									
<b>f</b> Ad	dminis	strative expenses									
g Er	nd of	year balance									
		le the estimated percentage of the curr designated or quasi-endowment	rent year end balanc	ce (line 1	g, colui	mn (a)) he	eld as	s:			
b i	Perma	anent endowment 🕨									
c -	Term (	endowment 🕨									
Ba /	Are th	ercentages on lines 2a, 2b, and 2c sho iere endowment funds not in the posse ization by:	•	ation that	t are h	eld and ad	mini	stered fo	r the		Yes No
	-	related organizations								3a(i)	
	• •	elated organizations								3a(ii)	
<b>b</b> ]	If "Yes	s" on 3a(ii), are the related organizatio	ns listed as required	d on Sche	dule R	?				3b	
. (	Descri	ibe in Part XIII the intended uses of the	e organization's end	owment f	funds.						<u> </u>
Part	VI	Land, Buildings, and Equipme									
D	escrip	Complete if the organization ans           otion of property         (a) Cost or of (investment)	ther basis (b) Co	orm 990 st or other					m 990, Par depreciation		0. look value
a is	and										
						<u> </u>					
					11	4.037			80,480		33,557
									-		4,965
						-			-		4,965
			equal Form 000 Po	rt X colu		-	~))				196,680
<ul> <li>b Bu</li> <li>c Le</li> <li>d Ec</li> <li>e Of</li> </ul>	uilding easeho quipm ther	gs	equal Form 990, Pa	rt X, colu	5	14,037 51,124 71,882 0), line 10(c	c).)	· ·	80,480 46,159 13,724	edule D (F	4 158 196

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV	line 11h See Fo	rm 990 P	art X line 12
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Metho	d of valuation: -year market value
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV,	line 11c. See Fo	orm 990, F	Part X, line 13.
(a) Description of investment		(b) Book value	(c	) Method of valuation: r end-of-year market value
(1)				,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, (a) Description	Part IV, I	ine 11d. See Fo	rm 990, P	art X, line 15. (b) Book value
(1)OPERATING RIGHT-OF-USE-ASSET (1)				181,727
(1) (2)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(7) (8)				
(8)				
			F	181,727
<b>Iotal.</b> (Column (b) must equal Form 990, Part X, col.(b) line 15.)			🕨	101,/2/

Part X Other Liabilities.

1.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.(a) Description of liability(b) Book value

(1) Federal income taxes	
OPERATING LEASE LIABILITY	246,865
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	246,865
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial state	ments that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

	Page 4		
Sche	edule D (Form 990) 2022		Page <b>4</b>
Ра	Reconciliation of Revenue per Audited Financial Statements With Revenue per Recomplete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturn.	
1	Total revenue, gains, and other support per audited financial statements	1	1,671,431
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments2a-226,776		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	-226,776
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,898,207
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 7,102		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	7,102
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	1,905,309
Par	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return	
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	1,946,888
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	1,540,000
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses         . <t< td=""><td></td><td></td></t<>		
d	Other (Describe in Part XIII.)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,946,888
4	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		,,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 7,102		
b	Other (Describe in Part XIII.)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	7,102
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5	1,953,990
Pa	rt XIII Supplemental Information		<u> </u>
Pro	ovide 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.
	es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		· · · · · · · · · · · · · · · · · · ·
	Return Reference Explanation		

Schedule D (Form 990) 2022

# **Additional Data**

**Return to Form** 

Software ID: Software Version:

## Philanthropy Ohio - Full Filing- Nonprofit Explorer - ProPublica

chedule J	al Render	ObjectId: 202313	189349	301621 - Submission: 2023-11-14	TIN: 31-	1111	.842	
		OMB No.	OMB No. 1545-0047					
orm 990) partment of the Treasury mal Revenue Service	► Com	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.						
lame of the organiz	ation			Employer ide	entification nu	ectio	п	
HILANTHROPY OHIO	ution					mber		
				31-1111842				
Part I Questi	ons Regardin	ng Compensation					r	
						Yes	No	
<ul> <li>Check the appropriate</li> <li>990, Part VII, S</li> </ul>	ection A, line 1a	. Complete Part III to p	rovide any of	f the following to or for a person listed on Form y relevant information regarding these items.				
First-class	s or charter trav	el		Housing allowance or residence for personal use				
Travel for	companions			Payments for business use of personal residence				
Tax idemi	nification and gro	oss-up payments		Health or social club dues or initiation fees				
Discretion	nary spending ac	count		Personal services (e.g., maid, chauffeur, chef)				
b If any of the bo	xes on Line 1a a	re checked, did the org	anization	follow a written policy regarding payment or				
				ve? If "No," complete Part III to explain .	· · 1b			
directors, truste	ation require sub ses, officers, incl	uding the CEO/Executi	nbursing /e Directo	or allowing expenses incurred by all r, regarding the items checked on Line 1a?	. 2			
organization's C	CEO/Executive Di	irector. Check all that a	pply. Do n	ed to establish the compensation of the lot check any boxes for methods CEO/Executive Director, but explain in Part III.				
Compens	ation committee			Written employment contract				
	lent compensatio			Compensation survey or study				
	) of other organiz			Approval by the board or compensation committee	2			
During the year related organization		listed on Form 990, Pa	rt VII, Seo	ction A, line 1a, with respect to the filing organization	on or a			
a Receive a sever	ance payment o	r change-of-control pay	ment? .		4a		No	
				ified retirement plan?	. 4b		No	
c Participate in, o	r receive payme	nt from, an equity-bas	ed comper	nsation arrangement?	. 4c		No	
If "Yes" to any o	of lines 4a-c, list	the persons and provid	le the app	licable amounts for each item in Part III.				
1. 105 to uny t				must complete lines 5-9.				
Only 501(c)(3 For persons list			e 1a, did	the organization pay or accrue any				
<b>Only 501(c)(3</b> For persons listed compensation compensation compension compensation compensatio	ed on Form 990, contingent on the		e 1a, did	the organization pay or accrue any	5a		No	
Only 501(c)(3 For persons list compensation c a The organizatio	ed on Form 990, contingent on the	e revenues of:	e 1a, did	the organization pay or accrue any	5a 5b			
Only 501(c)(3 For persons list compensation c The organizatio b Any related org	ed on Form 990, contingent on the n? .	e revenues of:	e 1a, did  	the organization pay or accrue any				
Only 501(c)(3 For persons list compensation c The organizatio Any related org If "Yes," on line For persons list	ed on Form 990, contingent on the n? anization? . 5 a or 5b, descri ed on Form 990,	e revenues of:		the organization pay or accrue any				
Only 501(c)(3 For persons list compensation co The organizatio Any related org If "Yes," on line For persons list compensation co	ed on Form 990, contingent on the n? anization? 5a or 5b, descri ed on Form 990, contingent on the	e revenues of:		· · · · · · · · · · · · · · · · · · ·			No	
Only 501(c)(3 For persons list compensation c The organizatio Any related org If "Yes," on line For persons list compensation c	ed on Form 990, contingent on the n? anization? . 5a or 5b, descri ed on Form 990, contingent on the n? .	e revenues of:		· · · · · · · · · · · · · · · · · · ·	5b		No	
Only 501(c)(3 For persons list compensation c The organizatio Any related org If "Yes," on line For persons list compensation c The organizatio Any related org	ed on Form 990, contingent on the n? anization? . 5a or 5b, descri ed on Form 990, contingent on the n? anization? .	e revenues of: ibe in Part III. Part VII, Section A, lin e net earnings of:		· · · · · · · · · · · · · · · · · · ·	5b 6a		No	
Only 501(c)(3 For persons list compensation c The organizatio Any related org If "Yes," on line For persons list compensation c Any related org If "Yes," on line For persons list	ed on Form 990, contingent on the n? anization? 5a or 5b, descri ed on Form 990, contingent on the n? anization? 6a or 6b, descri ed on Form 990,	e revenues of: be in Part III. Part VII, Section A, lin e net earnings of: be in Part III. Part VII, Section A, lin	e 1a, did f	the organization pay or accrue any	5b 6a 6b		No No	
<ul> <li>Only 501(c)(3)</li> <li>For persons listicompensation c</li> <li>The organizatio</li> <li>Any related org</li> <li>If "Yes," on line</li> <li>For persons listicompensation c</li> <li>The organizatio</li> <li>Any related org</li> <li>If "Yes," on line</li> <li>For persons listicompensation c</li> <li>Any related org</li> <li>If "Yes," on line</li> <li>For persons listicompensation c</li> <li>Were any amount</li> </ul>	ed on Form 990, contingent on the n? . Sa or 5b, descri ed on Form 990, contingent on the n? 6a or 6b, descri ed on Form 990, lescribed in lines ints reported on	e revenues of: be in Part III. Part VII, Section A, lin e net earnings of: be in Part III. Part VII, Section A, lin 5 and 6? If "Yes," desc Form 990, Part VII, pai	e 1a, did e 1a, did ribe in Pa id or accui	the organization pay or accrue any the organization provide any nonfixed rt III	5b 6a		Nc Nc	
<ul> <li>Only 501(c)(3)</li> <li>For persons listic compensation c</li> <li>The organizatio</li> <li>Any related org</li> <li>If "Yes," on line</li> <li>For persons listic compensation c</li> <li>The organizatio</li> <li>Any related org</li> <li>If "Yes," on line</li> <li>For persons listic payments not d</li> <li>Were any amou</li> </ul>	ed on Form 990, contingent on the n? . Sa or 5b, descri ed on Form 990, contingent on the n? 6a or 6b, descri ed on Form 990, lescribed in lines ints reported on	e revenues of: be in Part III. Part VII, Section A, lin e net earnings of: be in Part III. Part VII, Section A, lin 5 and 6? If "Yes," desc Form 990, Part VII, pai	e 1a, did e 1a, did ribe in Pa id or accui	the organization pay or accrue any	5b 6a 6b		No No No No	
Only 501(c)(3) For persons lists compensation c a The organizatio b Any related org If "Yes," on line For persons lists compensation c a The organizatio b Any related org If "Yes," on line For persons lists payments not d Were any amou subject to the in in Part III .	ed on Form 990, contingent on the n? 5 a or 5b, descri ed on Form 990, contingent on the n? anization? . 6 a or 6b, descri ed on Form 990, lescribed in lines ints reported on nitial contract ex	e revenues of: be in Part III. Part VII, Section A, lin e net earnings of: be in Part III. Part VII, Section A, lin Part VII, Section A, lin Part VII, Section A, lin coption described in Re	e 1a, did e 1a, did rribe in Pa id or accur gulations	the organization pay or accrue any the organization provide any nonfixed rt III	5b 6a 6b 7 8		Nc Nc Nc	

#### — Page 2 —

Schedule J (Form 990) 2022								Page <b>2</b>
Part II Officers, Directors, Trustees, Key Employees, and	Hig	hest Compensa	ated Employee	<ol> <li>Use duplicate</li> </ol>	copies if addition	nal space is ne	eded.	
For each individual whose compensation must be reported on Schedule J, rep instructions, on row (ii). Do not list any individuals that are not listed on Forr Note. The sum of columns ( $B_i(i)$ -(iii) for each listed individual must equal th	m 990	), Part VII.	-		-			/idual.
(A) Name and Title		of W-2, 1099-MIS and/or 1099-NEC	. ,	(C) Retirement and other deferred	(D) Nontaxable benefits	columns	(F) Compensation i	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
1 DEBORAH AUBERT THOMAS PRESIDENT & CEO		143,150	0	0	11,680	0	154,830	0
	(ii)	0		0	0	0	0	0
	1							

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			Schedule J (Fo	orm 990) 2022

——— Page 3 —

Schedule J (Form 990) 2022	Page 3
Part III Supplemental In	ormation
Provide the information, explanatio	n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Return Reference	Explanation
PART I, LINE 3	COMPENSATION FOR THE ORGANIZATION'S CEO IS ESTABLISHED BY THE EXECUTIVE COMMITTEE USING COMPENSATION SURVEY DATA AND IS SUBJECT TO APPROVAL BY THE ORGANIZATION'S BOARD. COMPENSATION SURVEY DATA IS ALSO USED TO ESTABLISH THE COMPENSATION FOR THE ORGANIZATION'S OFFICERS.

**Additional Data** 

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efile Public	Visual	Render	ObjectId:	202313	1893493	301621	- Subn	nission	: 2023	-11-14		TI	N: 31-1111842	
(Form 990) 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 for the latest information.									OMB No. 1545-0047 2022 Open to Public Inspection		
Name of the org PHILANTHROPY OF		n								•	<b>oyer iden</b> .11842	tificat	ion number	
Return Reference						Ex	planatior	n						
FORM 990, PART VI, SECTION A, LINE 6			HIO IS AN AS ORGANIZAT								GRAMS, I	NDIVI	DUALS, UNITED	
FORM 990, PART VI, SECTION A, LINE 7A	MEMB	ERS MEET A	NNUALLY TC	ELECT N	MEMBERS	S OF THE	E ORGAN	NIZATIOI	N'S GOV	(ERNINC	BODY.			
FORM 990, PART VI, SECTION B, LINE 11B	TRUST SECUR	TEES FOR TI RE WEB POP	REVIEWED A HEIR REVIEW RTAL AND/OR ON THE ORG	/. A FINAL E-MAIL P	FILING C	OPY OF	THE FOR	RM IS P JBMISS	ROVIDE	D TO E	ACH BOAR RM TO TH	RD ME		
FORM 990, PART VI, SECTION B, LINE 12C	TO BO ANNU/ POTEN	ARD MEMBE ALLY, THESE NTIAL CONFI	ERS, STAFF, A	AND MEM S SUBMIT EREST. F	BERS OF A SIGNE ORMS AF	A COMM D COPY RE REVIE	ITTEE W OF THE EWED, AI	VITH GO POLICY ND IN T	VERNIN ( FORM HE EVEI	NG BOAI DISCLO NT OF A	RD DELEC SING ANY	GATED		
FORM 990, PART VI, SECTION B, LINE 15	COMP	ENSATION S	OR THE ORG SURVEY DATA LSO USED T	AND IS S	SUBJECT	TO APP	ROVAL B	Y THE C	ORGANIZ	ZATION'	S BOARD.	. COM	PENSATION	
FORM 990, PART VI, SECTION C, LINE 19	DOCU	MENTS ARE	MADE AVAIL	ABLE TO <sup>-</sup>	THE PUBI	LIC UPO	N REQUE	EST.						
FORM 990, PART XII, LINE 2A:	THE O AUDIT.		DN'S FINANCI	AL STATE	MENTS V	VERE RE	EVIEWED	) IN THE	COURS	SE OF P	ERFORMI	ING TH	IE ANNUAL	
FORM 990, PART XII, LINE 2C:	PROCI	ESS HAS NC	T CHANGED	FROM TH	HE PRIOR	YEAR.								
For Paperwork Redu	ction Act N	lotice, see the Ins	tructions for Form	n 990 or 990-E	Z.		Cat. No.	51056K				Sc	nedule O (Form 990) 20	

# **Additional Data**

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