** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A F	or the	e 2023 calendar year, or tax year beginning	and	ending						
B (heck if	C Name of organization			D Employer ident	ification number				
	Addres		ION							
	Name change	Doing business as			31-6030	764				
	Initial return Final return/	Number and street (or P.O. box if mail is not delimined as N LIMESTONE ST STE		Room/suite	E Telephone numl 937-324	-8773				
	termin ated	, , , , , , , , , , , , , , , , , , , ,	IP or foreign postal code		G Gross receipts \$ 25,132,157.					
	Ameno	SPRINGFIELD, OR 40000			H(a) Is this a group					
	Applic tion pendir	F Name and address of principal officer. DODE	AN CAREY		for subordinat	—				
_		SAME AS C ABOVE	// · · · · · · · · · · · · · · · · · ·		H(b) Are all subordinate					
		empt status: X 501(c)(3) 501(c)() e: SPRINGFIELDFOUNDATION.O	(insert no.) 4947(a)(1)	or 527	1 '	a list. See instructions				
	Vebsit		sociation Other	I Voor	of formation: 19/18	M State of legal domicile: OH				
	art I	Summary	ociation other	L feat	or formation. 1940	M State of legal doffliche. OII				
	1	Briefly describe the organization's mission or most s	significant activities: PROV	IDE FO	R ADVANCEM	ENT AND				
Governance		SUPPORT OF EDUCATION, WELF								
rna	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	than 25% of its net a					
ove	I	Number of voting members of the governing body (F				3 21				
		Number of independent voting members of the gove				21				
Activities &		Total number of individuals employed in calendar ye				5 7				
Σį		Total number of volunteers (estimate if necessary)				162 014				
Act		Total unrelated business revenue from Part VIII, colu								
	D	Net unrelated business taxable income from Form 9	90-1, Part I, line 11	·····	7 Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)			5,218,771					
Jue	l				244,303					
Revenue	I	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		1,754,214					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			4,127					
	I	Total revenue - add lines 8 through 11 (must equal F			7,221,415					
		Grants and similar amounts paid (Part IX, column (A			3,256,192					
	l	Benefits paid to or for members (Part IX, column (A)			0					
v	45	Salaries, other compensation, employee benefits (P			597,568	. 622,107.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir			0	. 0.				
<u>e</u>	b	Total fundraising expenses (Part IX, column (D), line		93.						
Û	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		1,749,134					
		Total expenses. Add lines 13-17 (must equal Part IX			5,602,894					
_		Revenue less expenses. Subtract line 18 from line 1	2		1,618,521					
Net Assets or					ginning of Current Yea					
Sset	20	Total assets (Part X, line 16)			09,518,613					
let A	21	Total liabilities (Part X, line 26)			57,884,213 51,634,400					
Pa	22 art II	Net assets or fund balances. Subtract line 21 from li Signature Block	ine 20		31,034,400	• 09,202,201•				
		Ities of perjury, I declare that I have examined this return, i	ncluding accompanying schedules	and stateme	ents, and to the best of	my knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than officer				,				
			,							
Sig	n	Signature of officer			Date					
Her		SUSAN CAREY, EXECUTIVE DIR	ECTOR							
		Type or print name and title								
			Preparer's signature APRIL CAULFIELD		Date Check if	PTIN				
Paid			10/28/24 self-employed P01949369							
	arer		ACKETT & CO.		Firm's EIN	31-0800053				
Use	Only	Firm's address 14 EAST MAIN STREE				27 200 2000				
		SPRINGFIELD, OH 45			Phone no. 9	37-399-2000				
May	the IF	RS discuss this return with the preparer shown abov	e? See instructions			X Yes No				

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$

4,096,371.

) (Revenue \$

Form **990** (2023)

Total program service expenses

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?		37	
	If "Yes," complete Schedule D, Part IV	9	_X_	_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	I Lu		
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13		X
13	Did the appropriation projection of the control of the United Otelson			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		 ^
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	ا م		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	l		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2023) THE SPRINGFIE Part IV Checklist of Required Schedules (co

ı aı	Officerist of Required Scriedules (continued)			
	-		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u> </u>
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.10		
·	any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		1
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		_	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 14			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990 (2023) THE SPRINGFIELD FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	•	2b	Х	
	D. I.			За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs req	uired	l _		х
	to file Form 8282?	 I 🚤 .	 T	7c		Δ
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7-		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		200 as required?	7g		- 21
h	If the organization received a contribution of qualified intellectual property, and the organization rife ro			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
Ū		•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the arranging agreement or realized and to the distributions and a section 40000			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	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	•			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
ь	organization is licensed to issue qualified health plans	13b	1			
С	Enter the amount of reserves on hand	13c				
14a				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
·	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions.	tivitie	S			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

332005 12-21-23

17171028 758050 4000001-526

THE SPRINGFIELD FOUNDATION 31-6030764 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 21 **1a** Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 21 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request

Other (explain on Schedule O)

Describe on 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.

State the name, address, and telephone number of the person who possesses the organization's books and records JOYCE DAWSON - (937) 324-8773

333 N LIMESTONE ST STE 201, SPRINGFIELD,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do box		Pos heck i	ition	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) VICTORIA DAWSON-SCRUSE	1.00	ļ							•	•
PRESIDENT	1 00	Х	_	Х				0.	0.	0.
(2) STEPHEN MOODY	1.00	٠,,		7,7					_	0
VICE PRESIDENT	1 00	Х	_	Х				0.	0.	0.
(3) AMANDA LANTZ SECRETARY	1.00	х		х				0.	0.	0.
(4) NETTIE CARTER-SMITH	1.00								•	
TREASURER		Х		х				0.	0.	0.
(5) AARON CLARK	1.00								-	
TRUSTEE		Х						0.	0.	0.
(6) KRISTI LEETH	1.00									
TRUSTEE (THRU JUNE)		Х						0.	0.	0.
(7) MATT LUTHER	1.00									
TRUSTEE		Х						0.	0.	0.
(8) SUNNA BASS	1.00									
TRUSTEE		Х						0.	0.	0.
(9) GREG ROGERS	1.00									
TRUSTEE		Х						0.	0.	0.
(10) PAM MEERMANS	1.00	-								
TRUSTEE		Х						0.	0.	0.
(11) GREGORY FLAX	1.00	ļ								
TRUSTEE	1 00	Х						0.	0.	0.
(12) HUMERA UMERANI	1.00	١							_	•
TRUSTEE	1 00	Х						0.	0.	0.
(13) JEANNE LAMPE	1.00	٠,,							_	0
TRUSTEE	1 00	Х						0.	0.	0.
(14) BASIL FETT TRUSTEE	1.00	-						0.	0.	0
(15) CHRIS WELLS	1 00	Х						0.	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
(16) BLAKE SHAFFER	1.00		\vdash		\vdash			0.		<u></u>
TRUSTEE	1.00	х						0.	0.	0.
(17) SHARON FRANDSEN	1.00								•	<u> </u>
TRUSTEE		х						0.	0.	0.
·	1									Form 990 (2022)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	compensated Employee	s (continued)				
(A)	(B)								(E)			(F)	
Name and title	Average	Position (do not check more than one					nne.	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	ı	ar	nount	of
	week	_	Cer ar	nd a di	recio	rrus	tee)	from	from related			other	
	(list any hours for	director						the	organizations	- 1	ı	pensa	
	related	or di	e e			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS) 1099-NEC)	/ز	l	om the anizati	
	organizations	rustee	trust		ee ee	npeu		1099-NEC)	1099-14EC)		ı -	d relati	
	below	dual t	rtiona		nploy	st cor	- in	· · · · · · · · · · · · · · · · · · ·			l	anizatio	
	line)	Individual trustee or	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former						
(18) RACHEL WILSON	1.00												
TRUSTEE		Х						0.		0.			0.
(19) PASTOR JERMAIN MAYNARD	1.00												
TRUSTEE	1	Х						0.		0.	<u> </u>		0.
(20) ANDY BARLOW	1.00												•
TRUSTEE COLUMN CREW	1.00	Х						0.		0.	<u> </u>		0.
(21) PAULA CREW TRUSTEE	1.00	Х						0.		0.			0.
(22) ANDY FOX	1.00	Λ						0.		•			<u> </u>
TRUSTEE	1.00	Х						0.		0.			0.
(23) SUSAN CAREY	40.00												
EXECUTIVE DIRECTOR				Х				136,200.		0.	1	3,1	60.
											<u> </u>		
1b Subtotal			<u> </u>		<u> </u>	<u> </u>		136,200.		0.	1	3,10	50.
c Total from continuation sheets to Part VI								0.		0.		- , - ·	0.
d Total (add lines 1b and 1c)								136,200.		0.	1	3,10	
2 Total number of individuals (including but n								eceived more than \$100,	000 of reportable			-	
compensation from the organization													1
										1		Yes	No
3 Did the organization list any former officer,													37
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su											4		Х
and related organizations greater than \$150Did any person listed on line 1a receive or a										···· }	4		
rendered to the organization? If "Yes," com	•				•			•			5		Х
Section B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt cc	ontra	acto	rs th	hat received more than \$	100,000 of comp	ensat	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thir	the organization's tax y	ear.				
(A)	addrass	3.77	~ ****	-				(B)	onvices	C)) oamo:	C) nsatio	n
- Ivanie and business	Name and business address NONE Description of services								ervices		ompe	iisalioi	
-													
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				

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\$100,000 of compensation from the organization

31-6030764

Form 990 (2023) THE SPR
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
ठ ठ	1 a	Federated campaigns 1a					
ran uni		Membership dues 1b	59,754.				
Ē,S		Fundraising events 1c					
ifts ar A		Related organizations 1d					
S, G		Government grants (contributions)	5,400.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	15,766,918.				
e ë	g	Noncash contributions included in lines 1a-1f	2,257,788.				
a S	h	Total. Add lines 1a-1f		15,832,072.			
			Business Code				
ġ.	2 a	ADMINISTRATIVE FEE INCOME	561000	201,073.	201,073.		
Program Service Revenue	b	OPERATING ENDOWMENT	561000	62,720.	62,720.		
S	c	:					
an eve	c	I					
og B	e	•					
ፈ	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		263,793.			
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)		1,759,182.		162,814.	1596368.
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	• ` '				
		assets other than inventory 7a 7,272,744	•				
	b	Less: cost or other basis					
an l		and sales expenses					
ther Revenue		Gain or (loss) 7c 195,388	•				
~		Net gain or (loss)		195,388.			195,388.
Ę.	8 a	Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8	0				
		Net income or (loss) from fundraising events					
	э а	Gross income from gaming activities. See	_				
		Part IV, line 19 Less: direct expenses 9					
			0				
		Net income or (loss) from gaming activities Gross sales of inventory, less returns					
	10 a		.				
		and allowances 10 Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory	, D				
\dashv		The income of those from sales of inventory	Business Code				
Sn	11 a	MISC INCOME	561000	2,692.	2,692.		
Miscellaneous Revenue		LOSS ON INVESTMENT IN LLC	900099	1,674.	-,2.		1,674.
ella				-,			,
Sce		All other revenue					
Σ		• Total. Add lines 11a-11d		4,366.			
	12	Total revenue. See instructions		18,054,801.	266,485.	162,814.	1793430.

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	rt IX Statement of Functional Expense				
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons	se or note to any line in to (A)	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	2 244 555	2 244 555		
	and domestic governments. See Part IV, line 21	3,341,555.	3,341,555.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	149,360.	37,340.	37,340.	74,680
6	trustees, and key employees Compensation not included above to disqualified	147,300.	37,340.	37,340.	74,000
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	364,725.	148,906.	114,010.	101,809
8	Pension plan accruals and contributions (include	30177230	220,3000	222,020	202,000
Ü	section 401(k) and 403(b) employer contributions)	17,673.	4,418.	4,418.	8.837
9	Other employee benefits	52,020.	13,005.	13,005.	8,837 26,010
10	Payroll taxes	38,329.	9,582.	9,582.	19,165
1	Fees for services (nonemployees):	00,000	.,	2,002	
	Management				
	Legal	1,614.		1,614.	
	Accounting	29,900.		29,900.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	140,781.		140,781.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	15,527.	3,882.	3,882.	7,763
13	Office expenses	13,991.	3,498.	3,498.	6,995
14	Information technology	47,322.	11,831.	11,831.	23,660
15	Royalties	45.056	11 150	11 150	
16	Occupancy	45,876.	11,469.	11,469.	22,938
17	Travel	1,568.	392.	392.	784
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0F 140	6 207	6 207	10 574
19	Conferences, conventions, and meetings	25,148.	6,287.	6,287.	12,574
20	Interest				
21	Payments to affiliates	13,923.	3,481.	3,481.	6,961
22	Depreciation, depletion, and amortization	6,361.	1,590.	1,590.	3,181
23	Other expenses. Itemize expenses not covered	0,301.	1,390.	1,390.	3,101
24	above. (List miscellaneous expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS FUND EXPE	464,534.	464,534.		
b	OTHER	55,615.	13,904.	13,904.	27,807
С	ANNUITY PAYMENTS	16,983.	16,983.		
d	MAINTENANCE	14,857.	3,714.	3,714.	7,429
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,857,662.	4,096,371.	410,698.	350,593
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2023)

Check here [

Form 990 (2023)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,679,361.	1	4,474,066.
	2	Savings and temporary cash investments			3,703,546.	2	2,057,697.
	3	Pledges and grants receivable, net			9,625.	3	30,597.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	forme	officer, director,			
		trustee, key employee, creator or founder, subst	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described				6	
ţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			25,219.	9	4,817.
	10a	Land, buildings, and equipment: cost or other		006 054			
		basis. Complete Part VI of Schedule D			20 054		24 522
	b	Less: accumulated depreciation			38,854.		34,730.
	11	Investments - publicly traded securities			67,164,152.	11	86,744,355.
	12	Investments - other securities. See Part IV, line	33,978,203.	12	36,904,107.		
	13	Investments - program-related. See Part IV, line	259,842.	13	261,516.		
	14	Intangible assets	650 011	14	F20 F66		
	15	Other assets. See Part IV, line 11			659,811.	15	738,566.
	16	Total assets. Add lines 1 through 15 (must equ			109,518,613.	16	131,250,451.
	17	Accounts payable and accrued expenses	76,294. 227,446.	17	54,340.		
	18	Grants payable	221,440.	18	0.		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			57,373,287.	20 21	61,777,507.
	21	Escrow or custodial account liability. Complete			31,313,401.	21	01,777,307.
Liabilities	22	Loans and other payables to any current or form					
ii		trustee, key employee, creator or founder, substantiation controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa				27	
	20	parties, and other liabilities not included on lines	-				
		of Schedule D		· ·	207,186.	25	216,403.
	26	Total liabilities. Add lines 17 through 25			57,884,213.		62,048,250.
		Organizations that follow FASB ASC 958, che					
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			12,038,594.	27	12,938,094.
Bal	28	Net assets with donor restrictions			39,595,806.	28	56,264,107.
pu		Organizations that do not follow FASB ASC 9					
교		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
let	32	Total net assets or fund balances			51,634,400.	32	69,202,201.
	33	Total liabilities and net assets/fund balances .			109,518,613.	33	131,250,451.

Par	T XI Reconciliation 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		<u>,05</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2		,85				
3	Revenue less expenses. Subtract line 2 from line 1	3		,19				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>51</u>	,63	4,4	00.		
5	Net unrealized gains (losses) on investments	5	4	,37	0,6	<u>62.</u>		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	69	,20	2,2	01.		
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_		
	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	X			
	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:							
	X 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	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
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?							
b	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 on Schedule O and describe any steps taken to undergo such audits			3b				
				Form	990	(2023)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE CONTROL FOITING TON

Employer identification number

		1115	SEKTINGETEDI	D FOUNDALION			3	1-0030/04					
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.						
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)							
1		A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)								
3		A hospital or a cooperative				(b)(1)(A)(ii	i).						
4		A medical research organiza					-	the hospital's name,					
		city, and state:	•										
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describ	ed in					
_		section 170(b)(1)(A)(iv). (C		,	•	, 0							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
	X	An organization that norma	-					nublic described in					
•		section 170(b)(1)(A)(vi). (C	•	itiai part of its support if	om a gove	mmontai	ant or from the general	pasile described in					
8		A community trust describe	•	1VAVvi) (Complete Par	+ II \								
9	H	•			•	nd in coni	unction with a land grant	collogo					
9	ш	An agricultural research org				-	-	-					
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	iame, city	, and state of the college	e Or					
40		university:		than 00 1 /00/ af ita a	f								
10		An organization that norma											
		activities related to its exem		•	` '		• •	•					
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.					
		See section 509(a)(2). (Cor	•										
11	Н	An organization organized a	•	•	•			_					
12		An organization organized a	•	· · ·	-		•						
		more publicly supported or	-					Check the box on					
	_	lines 12a through 12d that	* *										
а			anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving					
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting					
		organization. You must o	complete Part IV, Se	ections A and B.									
b			anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	/ing					
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С			grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,					
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	rith its supported organi:	zation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distr	ibution red	quirement and an attenti	veness					
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.							
f	Ente	er the number of supported o		, ,									
g	Prov	vide the following information	about the supporte	d organization(s).				-					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					

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

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

Sec	ction A. Public Support	-									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	2624125.	2905187.	6196970.	5218771.	15832072.	32777125.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	2624125.	2905187.	6196970.	5218771.	15832072.	32777125.				
	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						2443330.				
6	Public support. Subtract line 5 from line 4.						30333795.				
	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
	Amounts from line 4	2624125.	2905187.	6196970.	5218771.	15832072.	32777125.				
	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	1473660.	980,486.	2152519.	1614389.	17591182.	23812236.				
9	Net income from unrelated business		•								
	activities, whether or not the										
	business is regularly carried on			6,112.		114,896.	121,008.				
10	Other income. Do not include gain			•			,				
	or loss from the sale of capital										
	assets (Explain in Part VI.)	9,417.	19,510.	28,822.	4,127.	4,366.	66,242.				
11	Total support. Add lines 7 through 10	- ,	,		,	,	56776611.				
	Gross receipts from related activities,	etc. (see instructio	ns)			12 1	,102,905.				
	First 5 years. If the Form 990 is for th	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	organization, check this box and stop	•				. , . ,					
Sec	tion C. Computation of Publi										
14	Public support percentage for 2023 (li	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	53.43 %				
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	54.07 %				
	33 1/3% support test - 2023. If the d					ore, check this bo	x and				
	stop here. The organization qualifies										
b	33 1/3% support test - 2022. If the o										
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition							
17a	10% -facts-and-circumstances test										
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization										
	meets the facts-and-circumstances te			-							
b	10% -facts-and-circumstances test	-	•	• • •	-						
_	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the										
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
18	Private foundation. If the organizatio				•		s				
	<u> </u>		,				(Form 990) 2023				

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 Part VI.
- **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.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

Par	TIV 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 line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	Г		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	r		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

5

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

5

6

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s 3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
<u>e</u>	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
88	Breakdown of line 7:			
a	Excess from 2019			
<u>b</u>	Excess from 2020			
c	Excess from 2021			
<u>d</u>	Excess from 2022			

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Name of the organization

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

Schedule of Contributors

Employer identification number

1	THE SPRINGFIELD FOUNDATION	31-6030764			
Organization type (chec	:k one):				
Filers of:	Section:				
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.			
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions any one contributor. Complete Parts I and II. See instructions for determining a cor				
Special Rules					
X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contribution is checked, ento purpose. Don't	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 \$				
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Scheoline 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form filing requirements of Schedule B (Form 990).				

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE SPRINGFIELD FOUNDATION

31-6030764

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 334,861.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 505,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 900,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 9,314,470.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,949,697</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$651,652.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE SPRINGFIELD FOUNDATION

31-6030764

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Nume, dudress, and Zii + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE SPRINGFIELD FOUNDATION

31-6030764

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26			Schedule B (Form 990) (2023)

Page 4

Schedule B (Form 990) (2023) Name of organization **Employer identification number** THE SPRINGFIELD FOUNDATION 31-6030764 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

323454 12-26-23

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE SPRINGFIELD FOUNDATION

Employer identification number 31-6030764

organization answered "Yes" on Form 990, Part IV. line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 5 Dot the organization informal grantees, denors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) or conservation easements held by the organization (check all that apply). 1 Perservation of land for public use (for example, recreation or education)	Par	t I Organizations Maintaining Donor Advised Funds or	Other Similar Funds	or Accounts. Complete if the			
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of and of year 5 Did the organization informal parameters of the organization is writing that the assets held in donor advised funds are the organization is properly, subject to the organization's exclusive legal control? 6 Did the organization informal grantess, donors, and donor advises in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring more missible private benefit? Part III Conservation Essements. Complete if the organization answered "Yes" on Form 980, Part IV, line 7. 1 Purpose(s) of conservation essements held by the organization (check all that appy). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection or natural habitat Preservation of land for public use (for example, recreation or education) Preservation of a centred historic structure Preservation of the tax year. a Total number of conservation essements a Total number of conservation essements in a centred historic structure included on line 2a b Total acreage restricted by conservation essements b Total acreage restricted by conservation essements in a centred historic structure included on line 2a c Complete lines 2a through 2d if the organization desements b Total acreage restricted by conservation essements in a centre of historic structure included on line 2a c Number of conservation essements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation essements modified, transferred, released, extinguished, or terminated by the organization during the year Number of states where property subject to conservation essements is located Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c		organization answered "Yes" on Form 990, Part IV, line 6.		·			
2 Aggregate value of contributions to (quiring year) 3 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor further organization inform all donors and donor advisors in writing that the assets held in donor advisor further organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisors or any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization check all that apply). Preservation of purpose assements held by the organization of check all that apply. Preservation of poer space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 2 Total acreage restricted by conservation easements 2 Total acreage restricted by conservation easements 3 Total number of conservation easements included on line 2a acquired after July 25, 2006, and not on a historic structure listed in the National Register 3 Number of conservation seasements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written piolory regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements that describes the organization elected, as permitted under FASB ASC 958, not		(a) Do	onor advised funds	(b) Funds and other accounts			
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9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$		and section 170(h)(4)(B)(ii)?		Yes No			
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ b Assets included in Form 990, Part X \$	Б.	organization's accounting for conservation easements.	·	0' '			
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of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ b Assets included in Form 990, Part X \$							
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b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$							
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(ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$				•			
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a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$	2	-		gain, provide			
b Assets included in Form 990, Part X \$	_		·	Ф.			
				Schedule D (Form 990) 2023			

Schedule D (Form 990) 2023 THE SPRINGFIELD FOUNDATION 31-60 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets					31-60			age 2	
_	•						(contin	nued)	
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply).								
a Public exhibition d Loan or exchange program									
b Scholarly research e Other									
С	Preservation for future generations								
4	Provide a description of the organization's coll					ose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other simila	ar assets		_		_
	to be sold to raise funds rather than to be main						Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organization	answered "Yes" or	Form 990), Part IV, li	ne 9, or		
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodian		-				7		_
	on Form 990, Part X?					L	」Yes	X	No
b	If "Yes," explain the arrangement in Part XIII are	nd complete the foll	owing table:				_		
							Amoun	t	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f		_		
2a	Did the organization include an amount on For	m 990, Part X, line	21, for escrow or cu	stodial account liab	ility?	X	Yes		No
b	If "Yes," explain the arrangement in Part XIII. C							X	
Par	t V Endowment Funds Complete if the	ne organization ans	wered "Yes" on For	m 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	47,701,009.	54,778,550.	43,264,514.	39,6	558,869.	34	938,	116.
b	Contributions	13,843,729.	3,058,898.	5,021,556.	1,	747,172.	1	,336,	360.
С	Net investment earnings, gains, and losses	6,240,520.	-6,339,249.	9,123,373.	4,	440,323.	6	,202,	589.
d	Grants or scholarships	2,276,953.	3,093,324.	2,014,231.	1,	842,224.	2	,177,	407.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	747,979.	703,866.	616,662.		739,626.		640,789	
g	End of year balance	64,760,326.	47,701,009.	54,778,550.	43,2	264,514.	39	658,	869.
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, column (a)) held as:	•				
а	Board designated or quasi-endowment	18.2858	%	,					
b	Permanent endowment • 0000	%	_						
С	Term endowment 81.7141 %								
	The percentages on lines 2a, 2b, and 2c shoul								
За	Are there endowment funds not in the possess	•	tion that are held an	d administered for t	:he				
	organization by:	9-						Yes	No
	(i) Unrelated organizations?						3a(i)		X
							3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organizati						3b		
4	Describe in Part XIII the intended uses of the co						_ JD		
Par			mont fands.						
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990. Part X	(, line 10.				
	Description of property	(a) Cost or ot			Accumulat	ed	(d) Boo	k valu	
	bescription of property	basis (investm	• •	1 ' '	epreciation	I	(4) 000	ı valu	•
19	Land	 	-, 22310	,	,				
	Land Buildings								

Schedule D (Form 990) 2023

19,554.

15,176.

34,730.

e Other

62,681.

143,570.

c Leasehold improvements

d Equipment

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

43,127.

128,394.

Schedule D (Form 990) 2023 THE SPRINGF:	IELD FOUNDATIO	DN 31	6030764 Page	_{ie} 3
Part VII Investments - Other Securities			<u> </u>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) RREEF AMERICAN REIT	9,015,269.	END-OF-YEAR MARKET	VALUE	
(B) PRIVATE EQUITY	27,888,838.	END-OF-YEAR MARKET	VALUE	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	36,904,107.			
Part VIII Investments - Program Related.	, , , , , , , , , , , , , , , , , , , ,			_
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value	
(1)	()		<u> </u>	
(2)				
(3)				
<u>(5)</u>				
(6)				
				—
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets				
	on Form 000 Dort IV line 1	11d Con Form 000 Dort V line 15		
Complete if the organization answered "Yes"		Td. See Form 990, Part X, line 15.	(la) Dankunskus	
	Description		(b) Book value	
<u>(1)</u>				
(2)				
(3)				
(4)			 	
<u>(5)</u>				
<u>(6)</u>				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, col	. (B))			
Part X Other Liabilities				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25		
1. (a) Description of liability			(b) Book value	
(1) Federal income taxes				
(2) SPLIT INTEREST AGREEMENTS	PAYABLE		216,403	3.
(3)				

<u>1. </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SPLIT INTEREST AGREEMENTS PAYABLE	216,403.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. line 25. col. (B))	216,403.

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

Schedule D (Form 990) 2023

		Reconciliation of Revenue per Audited Financial Statement	ts Wit	h Revenue per Re	turn	ccc;c1 rage
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•		
1	Total				1	22,284,682.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a	4,370,662.		
b		red services and use of facilities	2b			
С		veries of prior year grants	2c			
d		(Describe in Part XIII.)	2d			
е	Add li	nes 2a through 2d			2e	4,370,662.
3	Subtra	3	17,914,020.			
4		act line 2e from line 1 nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	140,781.		
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes 4a and 4b			4c	140,781.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	18,054,801.
Par	t XII	Reconciliation of Expenses per Audited Financial Statemer	nts Wi	th Expenses per F	Retur	n
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	expenses and losses per audited financial statements			1	4,716,881.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	red services and use of facilities	2a			
b	Prior y	year adjustments	2b			
С		losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add li	nes 2a through 2d			2e	0.
3	Subtra	act line 2e from line 1			3	4,716,881.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	140,781.		
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes 4a and 4b			4c	140,781.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,857,662.
Par	t XIII	Supplemental Information				
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1	b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
lines	2d and	l 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal info	ormation.		
		0-				
PAF	T T	V, LINE 2B:				
						707
THE	: SP	RINGFIELD FOUNDATION HOLDS AND DISBURSES	i FU.	NDS AS AN AG	ENT.	FOR
с пт						
SEV	ERA	L ORGANIZATIONS. AGENCY FUNDS ARE CREAT	LED .	BY LOCAL NON	PRO	FIT
OD 6			\TTD '	ETNIANCTAT MA	NT 2 CT	
ORG	ANI	ZATIONS THAT WISH TO TAKE ADVANTAGE OF (JUR .	FINANCIAL MA	MAG	EMENT AND
3 D.		GED A MILLE DE GOLLD GEG				
ADM	ттит	STRATIVE RESOURCES.				
ם אם	т т	TIME A.				
PAR	TT V	, LINE 4:				
mut	י דיאד	DOWMENT FUNDS ARE USED TO PROVIDE A PERM	// A NTE	אייי פרוופרב רב	СП	λ D Τ Π λ D Τ . Ε ·
1111	. C:IA	DOWNERT LONDS WE OBED TO LECAIDE W LEVI	TUTA T.	NI BOOKCE OF	CH.	UNTIUDHE
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CAL	- T T T	L 10 IMIKOVE THE QUALITY OF BIFE OF THUC	, <u></u> 1.	. CLEIKIK COUN	<u> </u>	01110
тнь	סנזכ	H GRANTS TO CHARITABLE ORGANIZATIONS.				
		CILLIED TO CHEMITITED ONOMITEMITORD.				

PART X, LINE 2:

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number										
THE SPRIN	GFIELD FO	UNDATION					31-6030764				
Part I General Information on Grants a	nd Assistance										
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection											
criteria used to award the grants or assis							X Yes No				
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.											
Part II Grants and Other Assistance to I recipient that received more than \$						es" on Form 990, Part	t IV, line 21, for any				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
AMERICAN RED CROSS NORTHERN MIAMI VALLEY OHIO CHAPTER - 370 W. FIRST	F2 0105505	F04 (G) (2)	7.550								
ST DAYTON, OH 45402	53-0196605	501(C)(3)	7,570.	0.			GENERAL SUPPORT				
ANIMAL WELFARE LEAGUE OF CLARK COUNTY - 701 BASSWOOD DRIVE - SPRINGFIELD, OH 45504	31-6060287	501(C)(3)	6,483.	0.			GENERAL SUPPORT				
AUTUMN TRAILS STABLE 2000 FOLK REAM RD SPRINGFIELD, OH 45502	81-1213652	501(C)(3)	6,550.	0.			GENERAL SUPPORT				
BRAXTON MILLER FOUNDATION PO BOX 10798 COLUMBUS, OH 43201	85-3880600	501(C)(3)	29,500.	0.			GENERAL SUPPORT				
CHILDREN'S HUNGER ALLIANCE 1105 SCHROCK RD. SUITE 1105 COLUMBUS, OH 43229	23-7303509	501(C)(3)	10,000.	0.			GENERAL SUPPORT				
CITILOOKOUT COUNSELING AND TRAUMA											
RECOVERY CENTER - 616 N. LIMESTONE											
ST, SECOND FLOOR - SPRINGFIELD, OH											
45503	26-1991074	501(C)(3)	20,000.	0.			GENERAL SUPPORT				
2 Enter total number of section 501(c)(3) an	-										
3 Enter total number of other organizations	s listed in the line	1 table					<u>4.</u>				

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARK COUNTY COMBINED HEALTH							
DISTRICT - 529 EAST HOME ROAD -							
SPRINGFIELD, OH 45503	31-6000132	GOVERNMENT	23,201.	0.			GENERAL SUPPORT
CLARK COUNTY DOG SHELTER							
5201 URBANA RD							
SPRINGFIELD, OH 45502	31-6000132	GOVERNMENT	10,880.	0.			GENERAL SUPPORT
CLARK COUNTY LITERACY COALITION							
137 EAST HIGH STREET							
SPRINGFIELD, OH 45502	31-1266695	501(C)(3)	19,750.	0.			GENERAL SUPPORT
CLARK COUNTY DEPARTMENT OF REENTRY							
PROGRAM - 529 EAST HOME ROAD -	21 (000122	COLUEDANCENE	15 000				GENERAL GURRORM
SPRINGFIELD, OH 45503	31-6000132	GOVERNMENT	15,000.	0.			GENERAL SUPPORT
CLARK COUNTY SPCA INC.							
21 WALTER ST							
SPRINGFIELD, OH 45506	81-4542927	501(C)(3)	5,297.	0.			GENERAL SUPPORT
			, -				
CLARK STATE COLLEGE							
PO BOX 570							
SPRINGFIELD, OH 45501	31-0734597	GOVERNMENT	14,825.	0.			GENERAL SUPPORT
COVENANT UNITED METHODIST CHURCH							
529 W. JOHNNY LYTLE AVE.							
SPRINGFIELD, OH 45506	31-1774803	CHURCH	10,800.	0.			GENERAL SUPPORT
dravona no di addressa							
CRAYONS TO CLASSROOMS							
1750 WOODMAN DR.	26-1594574	501/C)/3)	6 500	0.			CENEDAI CIIDDODM
DAYTON, OH 45420-3639	20-1334374	001(0)(3)	6,500.	0.			GENERAL SUPPORT
DAYTON CHILDREN'S HOSPITAL							
ONE CHILDREN'S PLAZA							
DAYTON, OH 45404-1815	31-1045247	501(C)(3)	7,200.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEAF COMMUNITY RESOURCE CENTER INC 732 S. LUDLOW ST - DAYTON, OH 45402	20-5202136	501(C)(3)	30,000.	0.			GENERAL SUPPORT
ENCOMPASS CONNECTION CENTER 616 NORTH LIMESTONE STREET SPRINGFIELD, OH 45503	37-1485217	501(C)(3)	7,500.	0.			GENERAL SUPPORT
FAMILY AND YOUTH INITIATIVES 468 N. DAYTON LAKEVIEW RD. NEW CARLISLE, OH 45344	31-0960546	501(c)(3)	10,000.	0.			GENERAL SUPPORT
FELLOWSHIP CHRISTIAN CHURCH 2301 VALLEY LOOP RD. SPRINGFIELD, OH 45504-4043	51-0143176	501(C)(3)	45,625.	0.			GENERAL SUPPORT
GAMMON HOUSE INC P.O. BOX 724 SPRINGFIELD, OH 45501	47-1214309	501(c)(3)	15,954.	0.			GENERAL SUPPORT
GOODWILL EASTERSEALS MIAMI VALLEY 660 SOUTH MAIN STREET DAYTON, OH 45402	31-0537112	501(c)(3)	12,500.	0.			GENERAL SUPPORT
HEART HEALTH NOW 3484 ROCKVIEW DRIVE SPRINGFIELD, OH 45504	46-5682017	501(C)(3)	15,000.	0.			GENERAL SUPPORT
HIGH STREET UNITED METHODIST CHURCH - 230 E. HIGH ST SPRINGFIELD, OH 45505	31-0549052	CHURCH	67,185.	0.			GENERAL SUPPORT
JEFFERSON STREET OASIS COMMUNITY GARDEN - PO BOX 2812 - SPRINGFIELD, OH 45501	83-2865677	501(C)(3)	11,300.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIOR ACHIEVEMENT MAD RIVER							
REGION - P.O. BOX 1023 -							
SPRINGFIELD, OH 45501	31-0597416	501(C)(3)	10,000.	0.			GENERAL SUPPORT
,			,				
LEADERSHIP CLARK COUNTY							
P.O. BOX 1565							
SPRINGFIELD, OH 45501	31-1428808	501(C)(3)	9,000.	0.			GENERAL SUPPORT
LINKS FOUNDATION							
1200 MASSACHUSETTS AVENUE							
WASHINGTON, DC 20005-4501	52-1170830	501(C)(3)	6,524.	0.			GENERAL SUPPORT
MERCY HEALTH FOUNDATION CLARK &							
CHAMPAIGN COUNTIES - 100 WEST							
MCCREIGHT AVENUE, SUITE 200 -				_			
SPRINGFIELD, OH 45504	20-1072726	501(C)(3)	48,420.	0.			GENERAL SUPPORT
NATIONAL TRAIL PARKS AND							
RECREATION DISTRICT - 1301							
MITCHELL BLVD SPRINGFIELD, OH	31-6000056	COLLEDNMENT	0.000	0			GENERAL GURRORM
45503	31-6000056	GOVERNMENT	9,000.	0.			GENERAL SUPPORT
NEIGHBORHOOD HOUSING PARTNERSHIP							
OF GREATER SPRINGFIELD - 527 EAST.							
HOME ROAD - SPRINGFIELD, OH 45503	31-1385444	501(C)(3)	5,050.	0.			GENERAL SUPPORT
,		(. , (. ,	,,,,,,				
ON-THE-RISE							
4177 DIALTON ROAD							
SPRINGFIELD, OH 45502	04-3750441	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD SOUTHWEST OHIO							
REGION - 2314 AUBURN AVE							
CINCINNATI, OH 45219	31-0536688	501(C)(3)	42,594.	0.			GENERAL SUPPORT
PREGNANCY RESOURCE CLINIC OF CLARK							
COUNTY - 1010 S. LIMESTONE ST							
SPRINGFIELD, OH 45505	31-1199270	501(C)(3)	16,750.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREVENT BLINDNESS							
1500 W. THIRD AVENUE, SUITE 200							
COLUMBUS, OH 43212	36-3667121	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PROJECT WOMAN							
525 EAST HOME ROAD							
SPRINGFIELD, OH 45503	23-7391095	501(C)(3)	38,347.	0.			GENERAL SUPPORT
RIDGEWOOD SCHOOL							
2420 ST. PARIS PIKE							
SPRINGFIELD, OH 45504	31-0558452	501(C)(3)	66,619.	0.			GENERAL SUPPORT
ROCKING HORSE COMMUNITY HEALTH							
CENTER - 651 SOUTH LIMESTONE	24 4502544	504 (5) (0)	20.506				
STREET - SPRINGFIELD, OH 45505	31-1593544	501(C)(3)	32,586.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES							
DAYTON - 555 VALLEY STREET -							
DAYTON, OH 45404-1957	31-0964793	501(C)(3)	15,600.	0.			GENERAL SUPPORT
	31 0301733	301(0)(3)	13,000.	· ·			DENEMAL BOTTONT
ROTARY CLUB OF SPRINGFIELD							
P.O. BOX 608							
SPRINGFIELD, OH 45501	31-0871453	501(C)(3)	63,121.	0.			GENERAL SUPPORT
<u> </u>							
SECOND HARVEST FOOD BANK							
20 N. MURRAY ST							
SPRINGFIELD, OH 45503	83-2134113	501(C)(3)	54,733.	0.			GENERAL SUPPORT
SIFI MINISTRY INC.							
P.O. BOX 124							
SPRINGFIELD, OH 45501	27-4388478	501(C)(3)	8,000.	0.			GENERAL SUPPORT
appropriate Appendicular							
SPRINGFIELD ARTS COUNCIL							
P.O. BOX 745	21 6077714	E01/G\/3\	70 574	_			CENEDAL CUDDODE
SPRINGFIELD, OH 45501-0745	31-6077714	DOT (C)(2)	79,574.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGFIELD CITY SCHOOL DISTRICT							
1500 W. JEFFERSON STREET							
SPRINGFIELD, OH 45506	31-6000973	GOVERNMENT	20,000.	0.			GENERAL SUPPORT
			, -				
SPRINGFIELD CITY YOUTH MISSION							
1500 BROADWAY STREET							
SPRINGFIELD, OH 45504	31-1623059	501(C)(3)	9,300.	0.			GENERAL SUPPORT
SPRINGFIELD FAMILY YMCA							
300 SOUTH LIMESTONE STREET							
SPRINGFIELD, OH 45505	31-0537169	501(C)(3)	13,652.	0.			GENERAL SUPPORT
SPRINGFIELD INITIATIVE DBA OPEN							
HANDS FREE STORE - P.O. BOX 2061 -	06 0134000	F01/61/21	10.500				
SPRINGFIELD, OH 45501	26-2134089	501(C)(3)	10,588.	0.			GENERAL SUPPORT
SPRINGFIELD MUSEUM OF ART							
107 CLIFF PARK RD.							
SPRINGFIELD, OH 45504	31-6001642	501(C)(3)	112,259.	0.			GENERAL SUPPORT
511111011225, 01110001	01 0001012		111,103.	••			
SPRINGFIELD PROMISE NEIGHBORHOOD							
P.O. BOX 145							
SPRINGFIELD, OH 45501	33-1147753	501(C)(3)	20,500.	0.			GENERAL SUPPORT
SPRINGFIELD SYMPHONY ORCHESTRA							
P. O. BOX 1374							
SPRINGFIELD, OH 45501	31-6000540	501(C)(3)	203,991.	0.			GENERAL SUPPORT
ST. VINCENT DEPAUL SOCIETY							
P.O. BOX 94				_			
SPRINGFIELD, OH 45501	31-0912848	501(C)(3)	63,601.	0.			GENERAL SUPPORT
MAC MUE ADTITUTES COMMESSION							
TAC-THE ABILITIES CONNECTION 2160 OLD SELMA ROAD							
	31-1078646	501/C)/3\	42,736.	0.			GENERAL SUPPORT
SPRINGFIELD, OH 45505	31-10/0040	201(C)(3)	44,/30.	U .			PENERAL SUFFURT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
medimoru doimori 420 pov conimo											
TECUMSEH COUNCIL 439, BOY SCOUTS OF AMERICA - 4057 SWIMMING POOL											
ROAD - YELLOW SPRINGS, OH 45387	31-0536966	501(C)(3)	10,217.	0.			GENERAL SUPPORT				
ROAD TELLOW STRINGS, OIL 45507	31 0330700	501(0)(3)	10,217.	0.			SENERAL SUFFORT				
TECUMSEH LAND PRESERVATION											
ASSOCIATION - PO BOX 417 - YELLOW											
SPRINGS, OH 45387	31-1313236	501(C)(3)	9,742.	0.			GENERAL SUPPORT				
,			, , , , , ,								
THE RIDING CENTRE											
1117 E. HYDE ROAD											
YELLOW SPRINGS, OH 45387	31-0835665	501(C)(3)	17,994.	0.			GENERAL SUPPORT				
·			·								
UNITED SENIOR SERVICES											
125 W. MAIN ST											
SPRINGFIELD, OH 45502	31-0747271	501(C)(3)	35,207.	0.			GENERAL SUPPORT				
UNITED WAY OF CLARK CHAMPAIGN AND											
MADISON COUNTIES - 120 SOUTH											
CENTER STREET, 2ND FLOOR -											
SPRINGFIELD, OH 45501	31-0549095	501(C)(3)	27,893.	0.			GENERAL SUPPORT				
WELLSPRING											
701 E COLUMBIA ST.											
SPRINGFIELD, OH 45503	31-0577663	501(C)(3)	31,893.	0.			GENERAL SUPPORT				
WESTCOTT HOUSE FOUNDATION											
1340 EAST HIGH STREET											
SPRINGFIELD, OH 45505	31-1747111	501(C)(3)	43,051.	0.			GENERAL SUPPORT				
WITHHINDEDG INTWEDGIEV											
WITTENBERG UNIVERSITY											
PO BOX 720	21 0527177	E01/G)/3)	21 770	0			GENERAL GURRORE				
SPRINGFIELD, OH 45501	31-0537177	DOT(C)(3)	31,778.	0.			GENERAL SUPPORT				
CLARK COUNTY HISTORICAL SOCIETY											
117 SOUTH FOUNTAIN AVENUE											
SPRINGFIELD, OH 45502	31-0806202	501(C)(3)	187,509.	0.			GENERAL SUPPORT				
211110111111111111111111111111111111111	1 31 33332		137,303.	٠.		I.	Delication Dollars				

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	- ccc.c.
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF GREATER DAYTON - 115 W. RIVERVIEW AVE DAYTON, OH 45405	31-1104456	501(C)(3)	32,811.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES SOUTHWESTERN OHIO - 7162 READING ROAD, SUITE 600 - CINCINNATI, OH 45237	31-0536968	501(C)(3)	20,000.	0.			GENERAL SUPPORT
FAIRMOUNT PRESBYTERIAN CHURCH 2757 FAIRMOUNT BLVD. CLEVELAND, OH 44118	34-0714396	CHURCH	17,500.	0.			GENERAL SUPPORT
OHIO'S HOSPICE OF DAYTON 1830 N. LIMESTONE ST. SPRINGFIELD, OH 45505	31-0933339	501(C)(3)	17,323.	0.			GENERAL SUPPORT
CENTRAL CHRISTIAN CHURCH 1504 VILLA ROAD SPRINGFIELD, OH 45503	31-0559887	CHURCH	16,000.	0.			GENERAL SUPPORT
CIVIC THEATRE OF SPRINGFIELD OHIO 1532 BROADWAY ST. SPRINGFIELD, OH 45501	31-0916285	501(C)(3)	12,513.	0.			GENERAL SUPPORT
COVENANT COMMUNITY DEVELOPMENT CORPORATION - 529 W JOHNNY LYTLE AVE - SPRINGFIELD, OH 45506	87-3103264	501(C)(3)	12,050.	0.			GENERAL SUPPORT
MAPLE TREE CANCER ALLIANCE 425 N FINDLAY STREET, SUITE 16 DAYTON, OH 45404	27-4113397	501(C)(3)	10,200.	0.			GENERAL SUPPORT
ADVOCATES FOR BASIC EQUALITY INC. 525 JEFFERSON AVE. TOLEDO, OH 43604	23-7376131	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
JOB SEEKERS NETWORK											
616 N LIMESTONE ST. SUITE 3											
SPRINGFIELD, OH 45503	81-2393181	501(C)(3)	7,500.	0.			GENERAL SUPPORT				
,			,								
NATIONAL INVESTORS HALL OF FAME											
3701 HIGHLAND PARK NW											
NORTH CANTON, OH 44720	34-1580038	501(C)(3)	6,000.	0.			GENERAL SUPPORT				
NAMI CLARK, GREENE AND MADISON											
COUNTIES - 222 EAST ST	21 1201020	F01/G1/21									
SPRINGFIELD, OH 45505	31-1301239	501(C)(3)	5,850.	0.			GENERAL SUPPORT				
SPRINGFIELD OHIO URBAN PLANTFOLK											
(SOUP) - 5545 BALLENTINE PIKE -											
SPRINGFIELD, OH 45502	83-0950808	501(C)(3)	5,624.	0.			GENERAL SUPPORT				
,			,								
CARING KITCHEN											
300 MIAMI ST.											
URBANA , OH 43078	31-1173950	501(C)(3)	5,180.	0.			GENERAL SUPPORT				
	1										
	1										

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	n required in Part I, line	e 2; Part III, column	n (b); and any other ad	ditional information.	
PART I, LINE 2:					
THE GRANTEE IS REQUIRED TO PROVI	DE AN INTER	IM REPORT	AND A FINA	L REPORT	
WHICH IS EVALUATED TO MAKE SURE	THAT THE GR	ANT IS BE.	ING USED FO	K THE	
INTENDED PURPOSE. SITE VISITS AR	E DONE ON A	RANDOM BA	ASIS. CHARI	TABLE	
CHECKING AND DONOR ADVISED GRANT	S ARE ONLY	PROVIDED '	TO QUALIFIE	D 501(C)(3)	
OR GOVERNMENT ORGANIZATIONS.					
on coverient onemiamions.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection **Employer identification number**

	THE SPRINGFI	ELD FO	UNDATION		31-6	030	764	
Pai	rt I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	15	2,257,788.	EXCHANGE VA	LUE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	-	•					
	for which the organization completed Form 828	83, Part V, D	Oonee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by			· · · · · · · · · · · · · · · · · · ·				
	must hold for at least 3 years from the date of			•				v
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.			of any management and the de-	:0		v	
31	Does the organization have a gift acceptance p	•	•	•	ions?	31	Х	
32a	Does the organization hire or use third parties		•	• • •		00-	х	
L	contributions?					32a	Λ	
	If "Yes," describe in Part II.	olumn (a) fo	r a tupo of avancet	for which column (a) is about	drad			
33	If the organization didn't report an amount in co	oluffifi (C) fol	i a type of propeπy	nor which column (a) is ched	keu,			

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE SPRINGFIELD FOUNDATION

Employer identification number 31-6030764

1111 011111011111011
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HEALTH SERVICES AND ENHANCEMENT OF CHILDREN'S LIVES.
FORM 990, PART VI, SECTION A, LINE 2:
NETTIE CARTER-SMITH AND SUNNA BASS ARE BUSINESS PARTNERS.
FORM 990, PART VI, SECTION B, LINE 11B:
COPY OF THE 990 IS E-MAILED OR MAILED TO EACH BOARD MEMBER FOR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD COMPLETES NEW CONFLICT OF INTEREST FORMS EACH DECEMBER. THE
DISTRIBUTION COMMITTEE WILL REVIEW THEM BEFORE THE GRANT PROCESS AND ANY
MEMBER WITH A CONFLICT OF INTEREST WILL ABSTAIN FROM VOTING.
FORM 990, PART VI, SECTION B, LINE 15:
EXECUTIVE COMMITTEE DECIDES THE EXECUTIVE DIRECTOR'S SALARY.
EXECUTIVE COMMITTEE APPROVES PERCENTAGE THE DIRECTOR GIVES TO OTHER
EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 18:
COPIES ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE INCLUDED IN
THE ANNUAL REPORT.
FORM 990, PART VI, SECTION C, LINE 19:
COPIES ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization THE SPRINGFIELD FOUNDATION	Employer identification number 31-6030764
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE SPRINGFIE	LD FOUNDATION				E	mployer identific 31–60307		ımber
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes" o	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	or Total inco	me End-of-yea		s Direct c	(f) ontrolling atity	9
THE SPRINGFIELD FOUNDATION REALTY ONE, LLC - 26-3766698, 333 N. LIMESTONE ST., SUITE 201, SPRINGFIELD, OH 45503	TO SELL REAL ESTATE DONATED TO THE SPRINGFIELD FOUNDATION	OHIO		0.	0	THE SPRINGFI	ELD	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization ar	nswered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	or mor	re related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	1	(f) rect controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
	 				+			

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

Schedule R (Form 990) 2023

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata		General (Percentage ownership
		country)		sections 512-514)		255015	Yes	No	K-1 (Form 1065)	Yes No	
										+	+
										$\perp \perp$	

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

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

1a

Page 3

Yes No

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

				1b	
c Gift, grant, or capital contribution from related organization(s)				1c	
				1d	
e Loans or loan guarantees by related organization(s)				1e	
f Dividends from related organization(s)				1f	
g Sale of assets to related organization(s)				1g	
h Purchase of assets from related organization(s)				1h	
i Exchange of assets with related organization(s)				1i	
j Lease of facilities, equipment, or other assets to related organization(s)				1j	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	
I Performance of services or membership or fundraising solicitations for related org				11	
m Performance of services or membership or fundraising solicitations by related organic				1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	tion(s)			1n	
Sharing of paid employees with related organization(s)				10	
p Reimbursement paid to related organization(s) for expenses				1p	
q Reimbursement paid by related organization(s) for expenses				1q	
r Other transfer of cash or property to related organization(s)				1r	
s Other transfer of cash or property from related organization(s)				1s	
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	is line, including covered relati	onships and transaction thresholds.		
(a) Name of related organization	(b)	(c)	(d)		
Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved	
	type (a-s)				
(1)					
(2)					
(3)					
(4)					
(5)					
(6)	1				
			Schedule		

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000