| Form | 990 |
|------|-----|
|------|-----|

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

OMB No. 1545-0047

Open to Public

Inspection

905,

Yes

309

No

19

19

16

0.

0.

0

0.

Yes X No

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

> Check if applicable Address change

Name

change Initial return

Final return/ termin-ated

Amended

return Applica-tion pending

В

and ending A For the 2022 calendar year, or tax year beginning C Name of organization D Employer identification number PHILANTHROPY OHIO 31-1111842 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 500 S FRONT STREET 900 614-224-1344 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ COLUMBUS, OH 43215 H(a) Is this a group return F Name and address of principal officer: DEBORAH AUBERT THOMAS for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included?

Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.PHILANTHROPYOHIO.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 1984 M State of legal domicile: OH Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE LEADERSHIP FOR 1 Activities & Governance ORGANIZED PHILANTHROPY IN OHIO. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 ..... Number of independent voting members of the governing body (Part VI, line 1b) 4 4 ..... Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 ·.... Total number of volunteers (estimate if necessary) 149 6 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12, 7a ..... b Net unrelated business taxable income from Form 990-T, Part I, line 11 7h Prior Year **Current Year** 1,847,123. 1,544,805. Contributions and grants (Part VIII, line 1h) 8 ····· Revenue 216,131. 313,538. 9 Program service revenue (Part VIII, line 2g) ..... ..... 83,453. 42,103. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,013. 4,863. 11 905,309 2,152,720. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Ο. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 1,225,385. 1,287,956. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

| es            | 15             | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,225,385.                | 1,287,956.  |
|---------------|----------------|---|---------------------------|-------------|
| S             | 16a            | Professional fundraising fees (Part IX, column (A), line 11e)                     | 0.                        | 0.          |
| ē             | b              | Total fundraising expenses (Part IX, column (D), line 25) 268, 255.               |                           |             |
| Ш             | 17             | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 964,888.                  | 666,034.    |
|               | 18             | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 2,190,273.                | 1,953,990.  |
|               | 19             | Revenue less expenses. Subtract line 18 from line 12                              | -37,553.                  | -48,681.    |
| or<br>Ses     |                |   | Beginning of Current Year | End of Year |
| sers<br>llanc | 20<br>21<br>22 | Total assets (Part X, line 16)  | 1,895,129.                | 1,725,898.  |
| ASS<br>d Ba   | 21             | Total liabilities (Part X, line 26)   | 375,867.                  | 482,093.    |
|               | 22             | Net assets or fund balances. Subtract line 21 from line 20                        | 1,519,262.                | 1,243,805.  |

#### Part II Signature Block

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

|           | Alehan Muhit Thomas  | 11/13/2023 |                   |           |    |  |  |  |  |  |
|-----------|--|------------|-------------------|-----------|----|--|--|--|--|--|
| Sign      | Signature of office  |            | Date              |           |    |  |  |  |  |  |
|           |  |            |                   |           |    |  |  |  |  |  |
|           | Type or print name and title   |            |                   |           |    |  |  |  |  |  |
|           | Print/Type preparer's name Preparer's signature                        | Date       | Check             | PTIN      |    |  |  |  |  |  |
| Paid      | JANE PFEIFER JANE PFEIFER  | 07/25      | /23 self-employed | P0122537  | 7  |  |  |  |  |  |
| Preparer  | Firm's name CLARK, SCHAEFER, HACKETT & CO.                             |            | Firm's EIN 31-    | -0800053  |    |  |  |  |  |  |
| Use Only  | Firm's address 4449 EASTON WAY, SUITE 400                              |            |                   |           |    |  |  |  |  |  |
|           | COLUMBUS, OH 43219   |            | Phone no.614-     | -885-2208 |    |  |  |  |  |  |
| May the I | RS discuss this return with the preparer shown above? See instructions |            |                   | X Yes     | No |  |  |  |  |  |
|           |  |            |                   | _ 000/    |    |  |  |  |  |  |

LHA For Paperwork Reduction Act Notice, see the separate instructions. 232001 12-13-22

| rm | 990 (2022) PHILANTHROPY OHIO 31-111842 Page  |
|----|--|
| ar | t III Statement of Program Service Accomplishments   |
|    | Check if Schedule O contains a response or note to any line in this Part III   |
|    | Briefly describe the organization's mission:   |
|    | TO LEAD AND EQUIP OHIO PHILANTHROPY TO BE EFFECTIVE PARTNERS FOR   |
|    | CHANGE IN OUR COMMUNITIES.   |
|    |  |
|    |  |
| _  |  |
|    | Did the organization undertake any significant program services during the year which were not listed on the   |
|    | prior Form 990 or 990-EZ? Yes 🔀 N  |
|    | If "Yes," describe these new services on Schedule O.   |
|    | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   |
|    | If "Yes," describe these changes on Schedule O.  |
|    | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.   |
|    | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and   |
|    | revenue, if any, for each program service reported.  |
|    |  |
|    |  |
|    | ADVOCATING: SUPPORTING POLICIES TO STRENGTHEN THE CHARITABLE SECTOR,   |
|    | IMPROVE LOCAL COMMUNITIES AND LIFT UP THE ULTIMATE BENEFICIARIES OF  |
|    | PHILANTHROPIC RESOURCES. PHILANTHROPY OHIO (POH) LEAD AND EQUIPPED OUR   |
|    | MEMBERS BY:  |
|    | (1) BRINGING PHILANTHROPY'S VOICE TO KEY EXTERNAL AUDIENCES INCLUDING  |
|    | MEDIA, STATE AND FEDERAL POLICY MAKERS AND THROUGH INTERACTION WITH  |
|    | OHIO'S STATEWIDE OFFICIALS AND CABINET STAFF, INCLUDING SERVING ON THE   |
|    | OHIO ATTORNEY GENERAL'S CHARITABLE ADVISORY COUNCIL AND GOVERNOR   |
|    | DEWINE'S OHIO PHILANTHROPY COLLECTIVE;   |
|    | (2) INFLUENCING STATE POLICY REFORM IN EDUCATION, HEALTH AND HOUSING   |
|    |  |
|    | THROUGH MEMBER-DRIVEN COALITIONS;  |
|    | (3) INFLUENCING STATE POLICY REFORM RELATED TO CHARITABLE GIVING   |
|    | (Code:) (Expenses \$610,399. including grants of \$) (Revenue \$)  |
|    | EDUCATING: SHARING THE WISDOM FROM LOCAL EXPERTS, NATIONAL THOUGHT   |
|    | LEADERS AND PEERS THROUGH PROGRAMS AND KNOWLEDGE RESOURCES THAT IMPROVE  |
|    | PHILANTHROPIC PRACTICES. IN 2022 POH OFFERED 64 PROGRAMS, SERVING OVER   |
|    | 1,300 PARTICIPANTS, INCLUDING THE PHILANTHROPY FORWARD '22 CONFERENCE.   |
|    | IN ADDITION TO THE ANNUAL CONFERENCE, POH OFFERED PROGRAMS IN CORE   |
|    | COMPETENCY AREAS (COMMUNICATIONS, FINANCE & INVESTMENTS, GOVERNANCE,   |
|    | GRANTMAKING, ETC.) AND BY JOB POSITION (SCHOLARSHIP MANAGERS, EXECUTIVE  |
|    |  |
|    | DIRECTORS, ETC.) AND INTEREST AREAS (EQUITY PEER GROUPS, EDUCATION   |
|    | FUNDERS, ETC.). POH ALSO ENHANCED KNOWLEDGE BY ANSWERING 53 REQUESTS   |
|    | FOR INFORMATION IN 2022 AND PRODUCING 136 NEWSLETTERS AND SPECIALIZED  |
|    | PUBLICATIONS INCLUDING A REGION- AND OHIO-SPECIFIC COMPENSATION REPORT   |
|    | AND THE OHIO GIVES REPORT.   |
|    | (Code:) (Expenses \$122,621. including grants of \$) (Revenue \$)  |
|    | CONVENING: ENGAGING PEOPLE IN MEANINGFUL CONVERSATIONS, PROVIDING SPACE  |
|    | FOR LEARNING FROM EACH OTHER, COLLABORATING AND STRENGTHENING  |
|    | RELATIONSHIPS IN ORDER TO AMPLIFY IMPACT. POH MAINTAINS SEVERAL  |
|    | ELECTRONIC LISTSERVS THAT ALLOW MEMBERS TO INTERACT WITH PEERS, POSING   |
|    |  |
|    | QUESTIONS AND SEEKING ADVICE. IN 2022, POH MEMBERS CONNECTED THROUGH   |
|    | THE LISTSERVS, WITH 136 QUESTIONS AND ANSWERS PROVIDED. PEER GROUPS MET  |
|    | VIRTUALLY AND IN PERSON, ORGANIZED BY JOB ROLE (SCHOLARSHIP MANAGERS,  |
|    | EXECUTIVE DIRECTORS, ETC.) AND INTERESTS (EQUITY PEER GROUPS, EDUCATION  |
|    | FUNDERS, ETC.).  |
|    |  |
|    |  |
|    |  |
|    | Other program services (Describe on Schedule O.)   |
|    |  |
|    |  |
|    | Total program service expenses 1,140,615.<br>Form 990 (20  |
|    | CEE COUEDULE O FOD COMMINIAMION (C)  |
|    | 12-13-22 SEE SCHEDOLE O FOR CONTINUATION(S)<br>2   |
| /  | 25 758050 4000000-181 2022.04010 PHILANTHROPY OHIO 4000  |
| I  | $z_{\text{J}}$ (30030 4000000-101 $z_{\text{J}}$ $z$ |

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| Form | 990 | (2022) |
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 Form 990 (2022)
 PHILANTHROPY
 OHIO

 Part IV
 Checklist of Required Schedules
 Checklist

|        |  |                          | 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                        |       | <u>X</u> |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |                          | v     | )        |
| _      | during the tax year? If "Yes," complete Schedule C, Part II  | 4                        | X     |          |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |                          |       | v        |
| 6      | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5                        |       | X        |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D</i> , <i>Part I</i> | 6                        |       | Х        |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | -                        |       |          |
| '      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7                        |       | Х        |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   | <b>⊢'</b> −              |       |          |
| U      | Schedule D, Part III   | 8                        |       | Х        |
| 9      | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |                          |       |          |
| •      | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |                          |       |          |
|        | If "Yes," complete Schedule D, Part IV   | 9                        |       | х        |
| 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, VII, 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                      | Х     |          |
| 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                      |       | <u>X</u> |
| 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                      |       | <u> </u> |
| 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  |                          |       |          |
|        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e                      | Ă     |          |
| f      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |                          |       | v        |
| 10-    | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | 111                      |       | <u>X</u> |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  | 10-                      | v     |          |
| h      | Schedule D, Parts XI and XII   | 128                      |       |          |
| D      |  | 12h                      |       | x        |
| 13     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional<br>Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |                          |       | X        |
| 14a    |  |                          |       | X        |
|        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |                          |       |          |
| -      | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |                          |       |          |
|        | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b                      |       | x        |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |                          |       |          |
|        | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15                       |       | 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                       |       | X        |
| 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>X</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  | e of its total       11c |       | <u>X</u> |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes, "  |                          |       | 37       |
|        | complete Schedule G, Part III  |                          |       | X        |
|        | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  |                          |       | X        |
|        | 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 approximation of Rate IX, column (A), line 12, (f IV/column (A), line 12, (f IV/column (A), line 12, (f IV/column))                                     | 0.4                      |       | х        |
| 220000 | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i>  |                          | 990 / |          |
| :02003 | 12-13-22   | LOUU                     |       | 2022)    |

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 Form 990 (2022)
 PHILANTHROPY
 OHIO

 Part IV
 Checklist of Required Schedules (continued)

| 22   |  |                              | Yes      | No       |
|--|--|------------------------------|----------|----------|
|  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |                              |          | v        |
| 23   | Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i><br>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current   | 22                           |          | x        |
| 23   | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |                              |          |          |
|  | Schedule J   | 23                           | x        |          |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |                              |          | <u> </u> |
|  | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |                              |          |          |
|  | Schedule K. If "No," go to line 25a  | 24a                          | X        | Х        |
| b  | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b                          |          |          |
| с  | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |                              |          |          |
|  | any tax-exempt bonds?  | 24c                          |          |          |
| d  | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d                          |          |          |
| 25a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |                              |          |          |
|  | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a                          |          | X        |
| b  | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |                              |          |          |
|  | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |                              |          |          |
|  | Schedule L, Part I   | 25b                          |          | 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%  |                              |          |          |
|  | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26                           |          | <u>X</u> |
| 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  |                              |          | v        |
|  | 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>  | 00-                          |          | х        |
| L  | "Yes," complete Schedule L, Part IV  | 28a<br>28b                   |          | X        |
|  | A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>  | 200                          |          | <u> </u> |
| C  | "Yes," complete Schedule L, Part IV  | 28c                          |          | х        |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29                           |          | X        |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  | 25                           |          |          |
| 00   | 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                           |          | X        |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |                              |          |          |
|  | Schedule N, Part II  | 32                           |          | Х        |
| 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  |                              |          |          |
| 57   |  |                              |          | Х        |
| 54   | Part V, line 1   | 34                           |          |          |
|  | Part V, line 1   | 34<br>35a                    |          | X        |
| 35a  |  |                              |          | <u>X</u> |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |                              |          | <u>X</u> |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?<br>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   | 35a                          |          | <u> </u> |
| 35a<br>b                                     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?<br>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity<br>within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>  | 35a                          |          | X<br>X   |
| 35a<br>b                                     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?<br>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity<br>within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i><br><b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?<br><i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i><br>Did the organization conduct more than 5% of its activities through an entity that is not a related organization  | 35a<br>35b                   |          | X        |
| 35a<br>b<br>36                               | Did the organization have a controlled entity within the meaning of section 512(b)(13)?<br>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity<br>within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i><br><b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?<br><i>If "Yes," complete Schedule R, Part V, line 2</i>  | 35a<br>35b                   |          |          |
| 35a<br>b<br>36                               | Did the organization have a controlled entity within the meaning of section 512(b)(13)?<br>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity<br>within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i><br><b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?<br><i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i><br>Did the organization conduct more than 5% of its activities through an entity that is not a related organization  | 35a<br>35b<br>36             |          | X        |
| 35a<br>b<br>36<br>37<br>38                   | Did the organization have a controlled entity within the meaning of section 512(b)(13)?<br>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity<br>within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i><br><b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?<br><i>If "Yes," complete Schedule R, Part V, line 2</i><br>Did the organization conduct more than 5% of its activities through an entity that is not a related organization<br>and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i><br>Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?<br><b>Note:</b> All Form 990 filers are required to complete Schedule O   | 35a<br>35b<br>36             | x        | X        |
| 35a<br>b<br>36<br>37                         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?<br>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity<br>within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i><br><b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?<br><i>If "Yes," complete Schedule R, Part V, line 2</i><br>Did the organization conduct more than 5% of its activities through an entity that is not a related organization<br>and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i><br>Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?<br><b>Note:</b> All Form 990 filers are required to complete Schedule O   | 35a<br>35b<br>36<br>37       | x        | X        |
| 35a<br>b<br>36<br>37<br>38                   | Did the organization have a controlled entity within the meaning of section 512(b)(13)?<br>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity<br>within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i><br><b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?<br><i>If "Yes," complete Schedule R, Part V, line 2</i><br>Did the organization conduct more than 5% of its activities through an entity that is not a related organization<br>and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i><br>Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?<br><b>Note:</b> All Form 990 filers are required to complete Schedule O   | 35a<br>35b<br>36<br>37       |          | X        |
| 35a<br>b<br>36<br>37<br>38<br>Pai            | Did the organization have a controlled entity within the meaning of section 512(b)(13)?<br>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity<br>within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2<br>Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?<br>If "Yes," complete Schedule R, Part V, line 2<br>Did the organization conduct more than 5% of its activities through an entity that is not a related organization<br>and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI<br>Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?<br>Note: All Form 990 filers are required to complete Schedule O<br>t V<br>Statements Regarding Other IRS Filings and Tax Compliance<br>Check if Schedule O contains a response or note to any line in this Part V  | 35a<br>35b<br>36<br>37<br>38 | X<br>Yes | X        |
| 35a<br>b<br>36<br>37<br>38<br>Pai            | Did the organization have a controlled entity within the meaning of section 512(b)(13)?         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         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         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         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         tv       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   | 35a<br>35b<br>36<br>37<br>38 |          | x<br>x   |
| 35a<br>b<br>36<br>37<br>38<br>Par<br>1a<br>b | Did the organization have a controlled entity within the meaning of section 512(b)(13)?         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" 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" 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)?         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         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         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         TV       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable         Inb       0 | 35a<br>35b<br>36<br>37<br>38 |          | x<br>x   |
| 35a<br>b<br>36<br>37<br>38<br>Par<br>1a<br>b | Did the organization have a controlled entity within the meaning of section 512(b)(13)?         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         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         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         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         tv       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   | 35a<br>35b<br>36<br>37<br>38 |          | x<br>x   |

2022.04010 PHILANTHROPY OHIO

| Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, the set of the calendar yaser ending with or which the year covered by this return in the set of the calendar year ending with or which the year covered by this return in the set of the calendar year ending with or which the year covered by this return in the set of the calendar year ending with or which the year covered by this return in the set of th  |     | 990 (2022) PHILANTHROPY OHIO  | 31-1111                   | 842  | P        | <sub>age</sub> 5 |
|--|-----|---|---------------------------|------|----------|------------------|
| 2a         Enter the number of employees reported on form W3. Transmittal of Wage and Tax Statements.         2a         16           b If a least one is reported on line 2a, did the organization file all repaired federal employment tax returns?         2b  | Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) |                           |      |          |                  |
| The status of the calendary year ending with or within the year overeal by this return     2a     1.6       Bo Diff the capacitation have unelated business gross income of \$1,000 or more during the year?     3a     3a       Bo Diff the capacitation have unelated business gross income of \$1,000 or more during the year?     3a     3a       Bo Diff the capacitation have unelated business gross income of \$1,000 or more during the year?     3a     3a       Bo Diff the capacitation have unelated business gross income of \$1,000 or more during the subort/power, a financial account?     4a     X       Bo Diff the capacitation approximates for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a     X       Bo Dam te capacitation approximation fait it was or its a party to a prohibited tax sheat the transaction?     5a     X       Bo Dam te capacitation fait it was or its approximations?     5a     X       Bo Dam te capacitation fait was or its approximation?     5a     X       Bo Dam te capacitation fait was or its approximation?     5a     X       Bo Dam te capacitation fait was or its approximation?     5a     X       Bo Dam te capacitation fait was or its approximation?     5a     X       Bo Dam te capacitation fait was or its approximation?     5a     X       Bo Dam te capacitation fait was or its approximation?     5a     X       Bo Dam te capacitation fait was or its approximation?     5a     X <th></th> <th></th> <th>1 1</th> <th></th> <th>Yes</th> <th>No</th>  |     |   | 1 1                       |      | Yes      | No               |
| b         If a least one is reported on time 2a, did the organization file all required federal employment tax returns?         gb         X           b         Did the organization have unified business grows income of \$1,000 or more during the year?         gb         X           b         If "Yes," has it filed a Form 980-T for this year? // *M* to line 30, provide an axplanation on Schedule O         gb         X           b         If "Yes," that it filed a Form 980-T for this year? // *M* to line 30, provide an axplanation on Schedule O         gb         X           b         If "Yes," that it filed a Form 980-T for this year? // *M* to line 30, provide an axplanation on Schedule O         gb         X           b         If "Yes," that the name of the foreign country         gb         X         X           b         If "Yes," the the name of the foreign Country         gb         X           b         Did any taxability and provide that as how any growther than \$100,000, and did the organization have any comparization have any time during the tax year?         gb         X           b         If "Yes," the the organization have any any that are normally greater than \$100,000, and did the organization scillat any contributions that may receive deductible contributions and prevents than \$100,000, and did the organization scillat any contribution scillat are anomally greater than \$100,000, and did the organization scillat any contribution and prevents than \$100,000, and did the organization have requive than \$100,000,000,000,000,000,000,000,000,000  |     |   | 10                        |      |          |                  |
| 3a         Did the organization have unrelated business gross income of \$1,000 or more during the year?         3a         X           b         If 'Yes,' has it lifed a Form 990 T for this year?         3b         X           b         If 'Yes,' indicating the calendary year, did the organization have an interest in, or a signature or other authorty over, a francial account in a foreign country use the name of the foreign country.         4a         X           b         If 'Yes,' indications to the organization in the twas or is a party to a prohibit dix schemation tax year?         5a         X           b         If any taxable party notify the organization in the organ  |     |   |                           |      | v        |                  |
| b       If Yes, * has filled a From 960-Tor this year?       Yes, * has filled a from 960-Tor this year?       30         d       At any time during the calandary year, d dthe organization have an interest in, or a signature or after authory over a financial account;       42       X         b       If Yes, * inster the name of the foreign country (such as a bank account, securities account, or other financial account; (FBAR).       5a       X         50       Was the organization that any time during the tax year?       5a       X         50       Was the organization that was or is a part to a prohibited tax balaet transaction at any time during the tax year?       5a       X         60       Doet any toxation all gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         10       If Yes, 'i whet the organization that any time during the supervised on services provided to the payor?       7a       X         10       If Yes, 'i what the organization tax deductible as charitable contributions or services provided to the payor?       7a       X         11       Organization taxity the down of the value of the position an express atternent that such contributions or griffs       7a       X         11       Tor advised taxity or otherwise dispose of tangble personal property for which it was required?       7a       X         11   |     |   |                           |      | <u> </u> | v                |
| 4       At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a difficult to equipation of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). <ul> <li>bit Yes," name the name of the foreign country (such as a bank account, securities account, or other authority over, a difficult of any bandle party rots if the organization that it was or is a party to a prohibited tax shelter transaction?</li> <li>bit any bandle party notify the organization the from 888-67.</li> <li>bit any bandle party notify the organization in form 888-67.</li> <li>bit any bandle party notify the organization in form 888-67.</li> <li>bit any bandle party notify the organization in commodity greater than \$100,000, and did the organization sector any contributions flaw were not tax deductibles or contributions and excess statement that such contributions or griffs were not tax deductibles or contributions and excess statement that such contributions or griffs</li> <li>bit the organization neitiky the down of the value of the goods or services provided?</li> <li>ci tak eductible?</li> <li>did the organization neitiky the down of the value of the goods or services provided?</li> <li>ci tak eductible?</li> <li>did the organization neitiky the down of the value of the goods or services provided?</li> <li>did the organization exceeds a contribution of again parts and periodial benefit contract?</li> <li>did the organization receives a partice or indirectly, to pay premiums on a personal forefit contract?</li> <li>did the organization neitiky the down of the value of the down of the value of dub and the good of the value of the down of the valu</li></ul>  |     |   |                           |      |          | Δ                |
| If manual account in a foreign country (such as a bank account, securities account, or other financial account)?     4a     X       If M Tex, in other the name of the foreign country     5a     5a     5a     5a       Sa Was the organization aparty to a prohibited tax sheart framaction at any time during the tax year?     5a     5a       So Did any taxation aparty to a prohibited tax sheart framaction?     5a     5a       So Did any taxation and on party to a prohibited tax sheart framaction?     5a     5a       So Did any taxation aparty to a prohibited tax sheart framaction?     5a     5a       So Did any taxation sheart and years cereber that are on any proses statement that such contributions cereber any contributions that may receive deductible contributions and print tax accin a provide?     5a       If M Tex, i did the organization include with every solicitation and express statement that such contributions or gliff     5a       If M Tex, i did the organization necelve any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7a       If M Tex, i did the organization necelve any funds, directly or indirectly, to pay premiums on apersonal benefit contract?     7a       If M Tex, i did the organization indirect mather any taxable disfibutions indired steps and paralization select any taxable disfibutions inder section 479(C).     7a       If M Tex, i did the organization necelve any funds, directly or indirectly, to pay premiums on apersonal benefit contract?     7a       If M Tex, i did the organization necelve any funds, di  |     |   |                           | 3b   |          |                  |
| b       17 %s; "near the name of the foreign country.         See instructions for filing requirements for FINCEN FORE THAL, Report of Foreign Bank and Financial Accounts (FBAR).         58       Was the organization a party to a prohibited tas shefter transaction?       56         50       16 was the organization have annual gross receipts that are normally greater than \$100,000, and ibit the organization for the organization is charable contributions?       56         60       055 the organization have annual gross receipts that are normally greater than \$100,000, and ibit the organization for the organization include with every solicitation an express statement that such contributions of glfs were not tax douctables or charable contributions?       68         70       Organizations that may receive deductable contributions under section 170(c).       74       X         8       If "Yes," idd the organization include with every solicitation an express statement that such contributions or glfs were not tax douctables as charable contributions and property tor whole with twein required to file form 882/2       76       74       X         9       If "Yes," idd the organization notify the donor of the value of the gords are services provided?       76       X         10       If "Yes," indicate the number of Forms 8282? Ifed during the year       7d       7d       X         10       If "Yes," indicate the contribution of garaphase, or other values of the organization field are normable as property. dift morganization field are normothout as ordised funds.   |     |   | -                         |      |          | v                |
| See Instructions for filling requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).       See         Sa Was the organization approved by approved by approximate that a vary time during the tax year?       So       X         So Did ary taxable party notify the organization that it was or is a party to a prohibited tax shelfs and primate that such contributions shelf taranaction?       So       X         So Did ary taxable party notify the organization that it was or is a party to a prohibited tax shelfs that are normally greater than \$100,000, and did the organization adjusts of the organization include with werey solicitation an express statement that such contributions or glifs were not tax deductible?       So       X         Organizations that may receive deductible contributions under section 170(c).       Bit the organization neceive apagement in excess ol 5% made party as a contribution and party for goods and services gradued to the payor?       7a       X         Did the organization neceive any funds, directly or indirectly, to pay premiums on a parsonal beeneft contract?       7e       X         Did the organization neceive any funds, directly or indirectly, to pay premiums on a parsonal beeneft contract?       7e       X         Did the organization neceive any funds, directly or indirectly, to pay premiums on a parsonal beeneft contract?       7e       X         Did the organization neceive any funds, directly or indirectly, to pay premiums on a parsonal beeneft contract?       7e       X         Did the organization neceive any funds, dincetly or   |     |   | count)?                   | 4a   |          | ~                |
| Sa         Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?         Sa         X           b         Did any taxable party notify the organization that twos or is a party to a prohibited tax shelter transaction?         Sa         X           c         If "Yes" to line 5a or 5b, did the organization file Form 8886-17?         Sa         X           c         Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization select any contributions that were not tax deductible on thick the every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 77(c).         Sa         X           a         Did the organization notify the donor of the value of the codo or services provided?         To         To           a         Did the organization code any funds, directly or indirectly, to pay premiums on a personal bronest transaction receive da contribution of qualified intellectual property, did the organization file a form 10482?         To         X           d         If "Yes," indicate the number of forms 8828 filed during the year?         To         X         X           g         If the organization receive a contribution of qualified intellectual property, did the organization file a form 10482?         To         X           g         If the organization make any taxis distributions on ther section and party file groups anoganization file a form 10482?         To <t< td=""><td></td><td>· · · · · · · · · · · · · · · · · · ·</td><td></td><td></td><td></td><td></td></t<>   |     | · · · · · · · · · · · · · · · · · · ·                                     |                           |      |          |                  |
| b       Def any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction?       Set         c       If "Yes' to line Sa or 5b, did the organization file form 8888-17?       Set         G       Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solution and provide the expanization include with every solicitation an express statement that such contributions or gifts       Set         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts       Set         a       Did the organization receive a payment in excess of \$75 made party as a contribution or provide?       Te         b       If "Yes," did the organization on thy the donor of the value of the goods or services provided?       Te         b       Did the organization sele, excess balance, or otherwise dispose of tangible personal property for which it was required?       Te         c       Did the organization neceive a contribution of qualified intelectual property, did the organization file of Tem 8898 as required?       Te         f       Did the organization neceived a contribution of qualified intelectual property, did the organization file a form 1086.0?       Te         f       Byposoring organization make any taxable distributions and escelion 4966?       Spa         g       Sponsoring organization make any taxable distributions and escelion 4966?       Spa         g<  |     |   |                           | Ea   |          | v                |
| c       If Yes* to line 5a or 5b, did the organization file Form 8886 T7       5c         6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solieit ary contributions that were not tax deductible or that deductible contributions that were not tax deductible contributions under section 70(c).       5c         b       If Yes," did the organization include with every solicitation an express statement that such contributions or glifs were not tax deductible contributions under section 70(c).       6a       X         b       If Yes," did the organization neitry the donor of the value of the goods or services provided?       7a       X         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal property for which it was required to the Form 8828?       7a       X         d       If Yes," indicate the number of Forms 8282 filed during the year       7d       7a       X         d       If the organization receive any funds, directly or indirectly, on a personal property for which it was required?       7a       X         f       Ib the organization receive accontribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1098-C?       7a       X         f       If the organization receive access business oblings at any the doming the veir?       8       9         gonosring organization receive access business oblings at any the doming the veir?       9a       9a <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |     |   |                           |      |          |                  |
| Ge         Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit<br>any contributions that were not tax deductible as charitable contributions?         Sa         X           b         If "Yes," did the organization include with every solicitation an express statement that such contributions or giffs<br>were not tax deductible?         Sa         X           c         Organizations that may receive deductible contributions under section 170(c).         Bit         Bit         Yes," did the organization notify the donor of the value of the goods or services provided?         7a         X           c         Did the organization notify the donor of the value of the goods or services provided?         7d         X           d         If "Yes," did the organization receive any functs, directly or indirectly, on a personal benefit contract?         7d         X           d         If the organization received a contribution of qualified intellectual property, did the organization file Form 8890 as required?         7a         X           g         If the organization neceived a contribution of cars, boats, alplanes, or other vehicle, did the organization and the secons solution granization received a contribution of any, boats, alplanes, or other vehicle, did the organization file Form 8908 as required?         7a         X           g         If the organization received a contribution of cars, boats, alplanes, or other vehicle, did the organization file Form 8908 (T)         9a         9b         9a   |     |   |                           |      |          | - 23             |
| 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 contributions or gifts     6b       7 Organizations that may receive deductible contributions under section 170(c).     6b       a Did the organization cericle symmet in excess of S7 made party as contribution and party for goods and services provided?     7c       c Did the organization notity the donor of the value of the goods or services provided?     7c     X       d If 'Yes,' indicate the number of Forms 8282 filed during the year     2d     7d     X       d Did the organization necelve any funds, directly or indirectly, on a personal benefit contract?     7c     X       g If the organization neceved a contribution of sus, boats, anjenses, or there values, diff the organization facewed a contribution of ask, boats, anjenses, or there values, diff the organization file & Form 1098-07     7f     X       g If the organization neceves a contribution of auxiled funds. Did a donor advised funds.     8     8     8       9 Sponsoring organization meak ens boldings at any three during the year?     8     8     8       9 Sponsoring organization meak ens boldings at any three during the year?     8     8     8       9 Sponsoring organization meak ens taxable distitutions of under solutions or related person?     9e     9e       10 Section 501(c)(2) organization.     100     100     100 <td></td> <td></td> <td></td> <td>50</td> <td></td> <td></td>  |     |   |                           | 50   |          |                  |
| b       If "Yes," did the organization include with every solicitation an express statement that such contributions or giffs       6b         b       Organizations that may receive deductible contributions under section 170(c).       7a       X         b       If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for pools and serves growled to the payor?       7a       X         c       Did the organization receive a payment in excess of \$75 made partly as a contribution sone perconal broefft contract?       7d       X         d       If "Yes," did the organization receive any torks, directly or indirectly, to pay premiums on a perconal benefit contract?       7e       X         d       If We organization receive any torks, directly or indirectly, to pay premiums on a perconal benefit contract?       7e       X         f       It do organization receive a contribution of qualified intellectual property, diff the organization files are provided to the sponsoring organization maximizing door advised fund maintained by the sponsoring organization make any taxable distributions inder section 4966?       9a         g       Did the sponsoring organization make any taxable distributions inder section 4966?       9a         g       Goors income from ather sources. Enter:       10a       10a         a       Initiation fees and capital contributions injuded on Part VIII, line 12, or public use of club facilities       10a         g Cross income from mem  |     |   |                           | 60   |          | x                |
| were not tax deductible?     6b       7     Organizations that may receive adductible contributions under section 170(c).     7a       X     Did the organization neelve a payment in excess of \$75 made parity as a contribution and parity for goods and services provided     7b       10     "Yes," did the organization neity the donor of the value of the goods or services provided     7c     X       10     Tyes," did the organization receive acy numbers of space of tangible personal property for which it was required to file Form 8282?     7c     X       11     Tyes," indicate the number of Forms 8282 filed during the year     7d     X       12     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7r     X       11     the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file on B898 as required?     7h     X       12     If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?     7h     7h       13     Sponsoring organization have excess business holdings at any time during the year?     9a     9b       14     the organization neeved nary time during the year?     9a     9b       15     Section 501(c)(7) organizations. Enter:     10a     10a       16     the sources or shareholders     11a     10a       16  |     |   |                           | Ua   |          |                  |
| 7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization receive a payment in excess of \$75 made parthy as a contribution and party for goods and services provided to the payor?       7a       X         b) If 'Yes, 'Id the organization notify the doors of the value of the goods or services provided?       7c       X         c) Did the organization ontify the doors of the value of the goods or services provided?       7c       X         d) If 'Yes, 'Indicate the number of Forms 8282? filed during the year       7d       X         g) Did the organization receive any funds, directly or indirectly or a personal benefit contract?       7f       X         g) If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?       7n       X         g) Sponsoring organization, wing or advised funds.       Did the organization and intaining door advised funds.       Did the organization maintaining door advised funds.       Did the sponsoring organization make a distributions inder section 496?       9a         g) Sponsoring organization make a distribution is der section 496?       9a       9b       9b       9b         g) Gross income from members or shareholders       11a       10a       10  |     |   |                           | 6h   |          |                  |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided       7a       X         b If Yes, "Id the organization notify the donor of the value of the goods or services provided       7c       X         b Did the organization set, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If Yes, "Indicate the number of Forms 8282 filed during the year       7d       7e       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization receive at contribution of cars, boats, aiplanes, or other vehicles, did the organization file Form 8090 as required?       7n       X         g If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file Form 8090 as required?       7n       X         g If the organization make any taxable distributions tindef section 4966?       9a       9       9b       10b       9b       10b       9b       10b       9b       10b       9b       10b       9b       10b       10b </td <td></td> <td></td> <td></td> <td>00</td> <td></td> <td></td>  |     |   |                           | 00   |          |                  |
| b       #"Yes," did the organization netily the donor of the value of the goods or services provided?       Tb         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       Tc       X         d       I"Yes," Indicate the number of Forms 8282 filed during the year       Tc       X         d       II "Yes," Indicate the number of Forms 8282 filed during the year       Td       Td         F       Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?       Tr       X         f       Td the organization received a contribution of qualified intellectual property, did the organization flag and a contrabuted of cars, basts, alphanes, or dethe organization flag a Form 1098-0?       8         8       Sponsoring organization make any taxable distributions funder section 4966?       9a       9a         9       Did the sponsoring organization make any taxable distributions funder section 4966?       9a       9b         10       Boros rincepts, included on Form 90.0 return with the set of the form form of the sources against anounts due or received from them)       11a       10a       10a         12       Section 501(c)(12) organizations. Enter:       10b       11a       10b       11a         13       Gercis received, from them)       11b       11a       12a       12a  |     |   | es provided to the payor? | 72   |          | x                |
| c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       If where," indicate the number of Forms 8282 filed during the year pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g       If the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7f       X         g       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a very taxable distributions (ad a section 49667)       9a       9a         g       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 6047(c) organizations. Enter:       11a       10b  |     |   |                           |      |          |                  |
| to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         d If Yes," indicate the number of Forms 8282 filed during the year       7d       X       X         f Did the organization receive any tunds, directly or indirectly, on a personal benefit contract?       7e       X         g If the organization received a contribution of qualified intellectual property, did the organization for earch back a sipplanes, or durine vehicles, did the organization flat a control of cars, back a sipplanes, or durine vehicles, did the organization flat a control of cars, back a sipplanes, or durine vehicles, did the organization flat a control of cars, back a sipplanes, or durine vehicles, did the organization flat a control flat donor advised funds.       9a         a Sonosoring organizations maintaining door advised funds.       9a       9a       9a         a Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         b Sonosoring organizations. Enter:       a initiation fees and capital contributions included on Part VIII, line 12.       10a       10b       10b         section 501(c)(12) organizations. Enter:       a forse income from them sources. (Do not net amounts due or paid to other sources against amounts due or realved from them).       11a       10b       12a         2 Soction 501(c)(2) organizations. Enter:       a is the organization receled on issure a size size size sissures.   |     |   |                           | 10   |          |                  |
| d ff "Yes," indicate the number of Forms 8282 filed during the year       Td         e Did the organization receive any funds, directly or indirectly, to pay presnums on a personal benefit contract?       Te       X         f the organization, during the year, pay premiums, directly or on personal benefit contract?       Td       X         g if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Tg       X         S ponsoring organizations maintaining door advised funds.       a doora advised fund and a doora advised fund anintained by the sponsoring organization make an distributions on a dvise of funds.       B         9 Sponsoring organization makes and distributions on a dvise of funds.       B       B         9 Sponsoring organizations maintaining doora advised funds.       B       B       B         9 Sponsoring organizations maintaining doora advised funds.       B       B       B       B         9 Sponsoring organizations make a distribution to a dooror advisor, or related person?       Bo       B  |     |   | required                  | 70   |          | x                |
| e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7r       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f       Ht the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         8       Sponsoring organizations maintaining donor advised funds.       Did a chore advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9         10       did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       section 501(c)(7) organizations. Enter:       10a       10a       10a       10a         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b       11b       12a         12       Section 501(c)(12) organizations. Enter:       11a       10a       11b       12a       12a       12a       12a       12a       12a  |     |   | 74                        | 10   |          |                  |
| f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7i       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7g         8       Formation received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       7n         9       Sponsoring organization maintaining donor advised funds.       8       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a         10       bid the sponsoring organization make a distribution to a donor donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Bestion from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 501(c)(2) organizations. Enter:       12b       12a       12a         13       Section 501(c)(2) organizations. Enter:       11a       12b       12a         14       Section 501(c)(2) organizations. Enter:       12b       12b       12a       12a         14       Section 501(c)(2) organization theres. Its he organization filing Form 990 in lileu of Form 1041?       12a   |     |   | I                         | 70   |          | x                |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of ars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds.       8         9 Sponsoring organizations maintaining donor advised funds.       9a         9 Did the sponsoring organization make a distributions under section 4966?       9a         9 Did the sponsoring organization make a distribution to a donor doire dravised funds.       9a         9 Section 501(c)(7) organizations. Enter:       10a         10 Gross receipts, included on Form 900, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from other sources. (Do not pat amounts due or paid to other sources against amounts due or received from them.)       11b         12a       11b       12a         13 Section 501(c)(12) organization alimomation the organization must report on Schedule O.       13a         14a       13a       13a         15b       13a       13a         16b       13a       13a         17       14a       X         17       14a       X         17       13a       13a <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |     |   |                           |      |          |                  |
| h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8a         9       Sponsoring organizations maintaining donor advised funds.       9a         10       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a         11       Section 501(c)(17) organizations. Enter:       10a       10b         12       Section 501(c)(17) organizations. Enter:       11a       11b         13       Section 4977(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         14       Section 501(c)(2) organizations is received or accrued during the year       12b       11b         13       Section 501(c)(2) organization is received or accrued during the year       12a       12a         14       TVes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         14       Did the organization is locensed to issue qualified health plans in more than one state?       13a       13a         15       TVes," has it  |     |   |                           |      |          |                  |
| 8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make excess business holdings at any time during the year?       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Bection 501(c)(7) organizations. Enter:       10a         11       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a       11a         12       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 501(c)(12) organizations interver the accrued during the year       12b       12a         13       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 501(c)(2) qualified nonprofit health insurance issuers.       13a       13a         13       Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a       13a         14       Did the organization is icensed to issue qualified health plans       13b       13a  |     |   |                           |      |          |                  |
| sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a         0       Section 501(c)(7) organizations. Enter:       10a         10       initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(12) organizations. Enter:       10b         a initiation fees and capital contributions included on Part VIII, line 12, included on Form 990, Part VIII, line 12, include a mounts due or paid to other sources against amounts due or received from them.)       11a         12a       Section 501(c)(12) organizations. Enter:       11a         13       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a         12a       Section 501(c)(23) qualified nonprofit health insurance issuers.       13a         13       Section form conserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13a         14a       X       bif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b   |     |   |                           | /11  |          |                  |
| 9       Sponsoring organizations maintaining donor advised funds.       Image: Sponsoring organization make any taxable distributions under section 4966?       Image: Sponsoring organization make any taxable distributions under section 4966?       Image: Sponsoring organization make any taxable distributions under section 4966?       Image: Sponsoring organizations make any taxable distributions under section 4966?       Image: Sponsoring organizations make any taxable distributions under section 4966?       Image: Sponsoring organizations make any taxable distributions under section 4966?       Image: Sponsoring organizations make any taxable distributions under section 4966?       Image: Sponsoring organizations make any taxable distributions under section 4966?       Image: Sponsoring organizations make any taxable distributions under section 4966?       Image: Sponsoring organizations make any taxable distributions under section 4966?       Image: Sponsoring organizations make any taxable distributions under section 4966?       Image: Sponsoring organizations make any taxable distributions under section 4966?       Image: Sponsoring organizations make any taxable distributions under section 4966?       Image: Sponsoring organizations make any taxable distributions under section 4961/2       Image: Sponsoring organization is included on Part VIII, line 12.       Image: Sponsoring organization is included on Part VIII, line 12.       Image: Sponsoring organization is included on Part VIII, line 12.       Image: Sponsoring organization is included any taxable distributions under section 4906 is sone organization is included to accrued during the year       Image: Sponsoring organization is included any taxable distributions under section 4906 is a corganization information the organization is required t  |     |   |                           | 8    |          |                  |
| a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from members or shareholders       11a         b Gross income from other sources. (Do not net amounts due or pald to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b Enter the amount of reserves on hand       13c       13a       13a         144       Did the organization subject to the section 4960 tax on paym  |     |   |                           |      |          |                  |
| b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter: <ul> <li>a initiation fees and capital contributions included on Part VIII, line 12</li> <li>b</li> <li>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</li> <li>10b</li> </ul> 10a         10b           11         Section 501(c)(12) organizations. Enter: <ul> <li>a Gross income from members or shareholders</li> <li>b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</li> <li>11b</li> </ul> 12a           12a         Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?         12a           13         Section 501(c)(22) qualified nonprofit health insurance issuers.         13a         13a           14         Is the organization licensed to issue qualified health plans in more than one state?         13a         13a           14         Did the organization subject to the section 4960 tax on payments? <i>I</i> "Note; "see the instructions or indoor tanning services during the tax year?         14a         X           b         If "Yes," has it filed a Form 720 to report these payments? <i>I</i> "No," provide an explanation on Schedule O         14b         15         X           If "Yes," see the instructions and file Fo  |     |   |                           | 9a   |          |                  |
| 10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b         12       Section 501(c)(12) organizations. Enter:       11a       10b       10b         13       Section 501(c)(12) organizations. Enter:       11a       11b       11a       10b         14       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a         14       TYes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         15       Section 501(c)(22) qualified nonprofit health insurance issuers.       13a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       14a       X         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14b       14b       14b       14b  |     |   |                           |      |          |                  |
| a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations, Enter.       11a       11a       11a         a       Gross income from members or shareholders       11a       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       if "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b       if "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14a       X         b       if "Yes," see the instructions and file Form 4720, Schedule N.       15       X       15         b       if wes," see the instructions and file Form 4720, Schedule N.       15       X       14a   |     |   |                           | 0.0  |          |                  |
| 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:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         b       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14a       X         f "Yes," see the instructions and file Form 4720, Schedule N.   |     |   | 10a                       |      |          |                  |
| 11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       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       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       fi "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       14a       X         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13a       13a       14a       X         b       fi "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14a       X         b       fi "Yes," see the instructions and file Form 4720, Schedule N.       15       X         fi "Yes," see the instructions and file Form 4720, Schedule N.       16       X         if "Yes,"  |     |   |                           |      |          |                  |
| a Gross income from members or shareholders       11a       11a       11b         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b       12a         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       13c         c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       16       17         If "Yes," complete Form 4720,   |     |   |                           |      |          |                  |
| b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b       14b       14b       15       X         if "Yes," see the instructions and file Form 4720, Schedule N.       15       X       15       X         if "Yes," complete Form 4720, Schedule O.       16       X       17       17       17         if "Yes," complete Form 4720, Schedule O.       16       X       17       17       17         if "Yes," complete Form 4720, Schedule O.       16  |     |   | I1a                       |      |          |                  |
| amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," complete Form 4720, Schedule O.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       17       16       X         If "Yes," complete Form 4720, Schedule O.       17   |     |   |                           |      |          |                  |
| 12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         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 organization is licensed to issue qualified health plans       13b       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       If "Yes," complete Form 4720, Schedule O.       17       17       17         18       Is the organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  |     |   | I1b                       |      |          |                  |
| b       If "Yes," enter the amount of tax exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       15         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       17   |     |   |                           | 12a  |          |                  |
| 13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13c       Image: Comparization is licensed to issue qualified health plans       13a       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13c       Image: Comparization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified health plans<   |     |   |                           |      |          |                  |
| a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: Comparization is licensed to issue qualified health plans         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       Image: Comparization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       Image: Comparization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       Image: Comparization subject to the section 4961, 4952 or 4953?       Image: Complete Form 6069.       Image: Complete Form 6069.  |     |   | · ·                       |      |          |                  |
| Note: See the instructions for additional information the organization must report on Schedule O.       Image: the instructions for additional information is required to maintain by the states in which the organization is licensed to issue qualified health plans   |     |   |                           | 13a  |          |                  |
| b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       17         17       If "Yes," complete Form 6069.       10       10       10  |     |   |                           |      |          |                  |
| organization is licensed to issue qualified health plans       13b       13b       13c         c Enter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         17       If "Yes," complete Form 6069.       10       10  |     |   |                           |      |          |                  |
| c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       17       17   |     |   | ІЗЬ                       |      |          |                  |
| 14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       17       17   |     |   |                           |      |          |                  |
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| 15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17         If "Yes," complete Form 6069.       10       10       10       10   |     |   |                           |      |          |                  |
| excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N.<br>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities<br>that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br>If "Yes," complete Form 6069.<br>18 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities<br>19 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities<br>19 Section 501(c)(21) organizations of an excise tax under section 4951, 4952 or 4953?<br>10 Section 501(c)(21) organizations of an excise tax under section 4951, 4952 or 4953?<br>10 Section 501(c)(21) organizations of an excise tax under section 4951, 4952 or 4953?<br>10 Section 501(c)(21) organizations of an excise tax under section 4951, 4952 or 4953?<br>10 Section 501(c)(21) organizations of an excise tax under section 4951, 4952 or 4953?<br>10 Section 501(c)(21) organizations of an excise tax under section 4951, 4952 or 4953?<br>10 Section 501(c)(21) organizations of an excise tax under section 4951, 4952 or 4953?<br>10 Section 501(c)(21) organizations of an excise tax under section 4951, 4952 or 4953?<br>10 Section 501(c)(21) organizations of an excise tax under section 4951, 4952 or 4953?<br>10 Section 501(c)(21) organizations of an excise tax under section 4951, 4952 or 4953?<br>10 Section 501(c)(21) organizations of an excise tax under section 4951, 4952 or 4953?<br>10 Section 501(c)(21) organizations of an excise tax under section 4951 organizations of an |     |   |                           |      |          |                  |
| If "Yes," see the instructions and file Form 4720, Schedule N.       Id       Id       X         If "Yes," complete Form 4720, Schedule O.       Id       X         If "Yes," complete Form 4720, Schedule O.       Id       X         If "Yes," complete Form 4720, Schedule O.       Id       X         If "Yes," complete Form 4720, Schedule O.       Id       Id       X         If "Yes," complete Form 4720, Schedule O.       Id       Id       Id       Id         If "Yes," complete Form 4720, Schedule O.       Id   |     |   |                           | 15   |          | Х                |
| 16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       16       X         17       If "Yes," complete Form 6069.       17       17   |     |   |                           |      |          |                  |
| If "Yes," complete Form 4720, Schedule O.       If "Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       If "Yes," complete Form 6069.   |     |   | ncome?                    | 16   |          | Х                |
| 17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       10  |     |   |                           |      |          |                  |
| that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       10   |     |   | ities                     |      |          |                  |
| If "Yes," complete Form 6069.  |     |   |                           | 17   |          |                  |
|  |     |   |                           |      |          |                  |
|  |     |   |                           | Form | 990      | (2022)           |

| Ta  | Enter the number of voting members of the governing body at the end of the tax year 1a 19   |                       | Yes      | No  |
|---|---|-----------------------|----------|-----|
|   |   |                       |          |     |
|   | If there are material differences in voting rights among members of the governing body, or if the governing   |                       |          |     |
| Ŀ.  | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.<br>Enter the number of voting members included on line 1a, above, who are independent 1b 19   |                       |          |     |
| -   | 5   |                       |          |     |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other  | 0                     |          | x   |
| 2   | officer, director, trustee, or key employee?<br>Did the organization delegate control over management duties customarily performed by or under the direct supervision   | 2                     |          | Δ   |
| 3   |   |                       |          | x   |
|   | of officers, directors, trustees, or key employees to a management company or other person?   | 3                     |          | X   |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4<br>5                |          | X   |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 6                     | х        | Δ   |
| 6<br>70                                       | Did the organization have members or stockholders?  | 0                     | ~        |     |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or  | 7-                    | x        |     |
| Ŀ   | more members of the governing body?   | 7a                    | ~        |     |
| D   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or  |                       |          | v   |
| •   | persons other than the governing body?  | 7b                    |          | X   |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |                       | v        |     |
| а   | The governing body?   | <u>8a</u>             | X<br>X   |     |
| -   | Each committee with authority to act on behalf of the governing body?   | 8b                    | ~        |     |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the  |                       |          | x   |
| 00  | organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | 9                     |          | Λ   |
|   | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  |                       | V.       |     |
| 0-  | Distance institution have been been been been set officiate 0   | 40-                   | Yes<br>X | No  |
|   | Did the organization have local chapters, branches, or affiliates?  | 10a                   |          |     |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,  | 1.0                   | v        |     |
|   | and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b                   | X<br>X   |     |
|   | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a                   | ~        |     |
|   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.   |                       | 37       |     |
|   | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a                   | X        |     |
|   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b                   | Х        |     |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  |                       | 37       |     |
|   | on Schedule O how this was done   | 12c                   | X        |     |
| 13  | Did the organization have a written whistleblower policy?   | 13                    | X        |     |
| 14  | Did the organization have a written document retention and destruction policy?  | 14                    | Х        |     |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent  |                       |          |     |
|   | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |                       |          |     |
|   | The organization's CEO, Executive Director, or top management official  | 15a                   | X        |     |
|   |   | 15b                   | Х        |     |
|   | Other officers or key employees of the organization   | 150                   |          |     |
| b   | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |                       |          |     |
| b   |   |                       |          |     |
| b<br> 6a                                      | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.<br>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a<br>taxable entity during the year?  | 16a                   |          | X   |
| b<br> 6a                                      | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.<br>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a<br>taxable entity during the year?<br>If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation  |                       |          | x   |
| b<br>6a                                       | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.<br>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a<br>taxable entity during the year?<br>If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation<br>in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  |                       |          | X   |
| b<br>6a<br>b                                  | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.<br>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?<br>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?   |                       |          | X   |
| b<br>I6a<br>b                                 | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.<br>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?<br>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?   | <u>16a</u>            |          | X   |
| b<br>I6a<br>b                                 | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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?         tion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed   | 16a<br>16b            |          |     |
| b<br>16a<br>b<br>6ec                          | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure 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):  | 16a<br>16b            | availab  |     |
| b<br>16a<br>b<br>Sec                          | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure 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)) for public inspection. Indicate how you made these available. Check all that apply.  | 16a<br>16b            | availab  |     |
| b<br>16a<br>b<br>Sec<br>17                    | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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?         tion C. Disclosure         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): for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       X       Upon request       Other (explain on Schedule O)   | 16a<br>16b            |          |     |
| b<br>16a<br>b<br>Sec<br>17<br>18              | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure 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)) for public inspection. Indicate how you made these available. Check all that apply.  | 16a<br>16b            |          |     |
| b<br>16a<br>b<br>Sec<br>17<br>18              | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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?         tion C. Disclosure         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): for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       X       Upon request       Other (explain on Schedule O)   | 16a<br>16b            |          |     |
| b<br>16a<br>b<br>Sec<br>17<br>18              | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure 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): 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 statements available to the public during the tax year. | 16a<br>16b            |          |     |
| b<br>6a<br>b<br>6ec<br>17<br>8                | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure 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)) for public inspection. Indicate how you made these available. Check all that apply.  | 16a<br>16b            |          |     |
| b<br>6a<br>b<br><del>ec</del><br>7<br>8       | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure 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): 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 statements available to the public during the tax year. | 16a<br>16b<br>s only) | cial     | ble |
| b<br>16a<br>b<br><b>Sec</b><br>17<br>18<br>19 | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure 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)) for public inspection. Indicate how you made these available. Check all that apply.  | 16a<br>16b<br>s only) |          | ble |

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.

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PHILANTHROPY OHIO

Form 990 (2022)

| Section A. Officers, Directors, Trustees, Key  | Employees, a      | nd H                          | ligh                   | est (       | Con          | nper                            | isat   | ed Employees               |                               |                       |
|--|-------------------|-------------------------------|------------------------|-------------|--------------|---------------------------------|--------|----------------------------|-------------------------------|-----------------------|
| 1a Complete this table for all persons required to   |                   |                               |                        |             |              |                                 |        |                            |                               |                       |
| • List all of the organization's <b>current</b> officers   |                   |                               | es (v                  | vhetl       | her i        | indiv                           | idua   | lls or organizations), reg | ardless of amount of c        | ompensation.          |
| Enter -0- in columns (D), (E), and (F) if no compens   |                   |                               |                        |             |              |                                 |        |                            |                               |                       |
| <ul> <li>List all of the organization's current key en</li> <li>List the organization's five current highest c</li> </ul>    |                   |                               |                        |             |              |                                 |        |                            |                               |                       |
| who received reportable compensation (box 5 of   | Form W-2, box     | (6 0                          | f Foi                  | rm 1        | 099          | -MIS                            | SC, a  | ind/or box 1 of Form 10    | 99-NEC) of more than          |                       |
| \$100,000 from the organization and any related o  | rganizations.     |                               |                        |             |              |                                 |        |                            |                               |                       |
| List all of the organization's former officers   |                   |                               |                        |             |              | comp                            | pens   | ated employees who re      | eceived more than \$100       | ,000 of               |
| <ul> <li>reportable compensation from the organization an</li> <li>List all of the organization's former director</li> </ul> |                   |                               |                        |             |              | n the                           | ecar   | pacity as a former direct  | tor or trustee of the ora     | anization.            |
| more than \$10,000 of reportable compensation fr   |                   |                               |                        |             |              |                                 |        |                            |                               |                       |
| See the instructions for the order in which to list t  | he persons ab     | ove.                          |                        |             |              |                                 |        |                            |                               |                       |
| Check this box if neither the organization n   | or any related    | orga                          | niza                   | tion        | con          | nper                            | isate  | ed any current officer, d  | lirector, or trustee.         |                       |
| (A)  | (B)               |                               |                        | ຼ ((        | C)           |                                 |        | (D)                        | (E)                           | (F)                   |
| Name and title   | Average           | (do                           |                        | Pos<br>heck |              | 1<br>than o                     | one    | Reportable                 | Reportable                    | Estimated             |
|  | hours per         |                               |                        |             |              | is both<br>pr/trus              |        | compensation               | compensation                  | amount of             |
|  | week<br>(list any |                               |                        | Γ           |              | Γ                               | ,      | from<br>the                | from related<br>organizations | other<br>compensation |
|  | hours for         | direct                        |                        |             |              | Ð                               |        | organization               | (W-2/1099-MISC/               | from the              |
|  | related           | ee or                         | Istee                  |             |              | insate                          |        | (W-2/1099-MISC/            | 1099-NEC)                     | organization          |
|  | organizations     | trust                         | nal tru                |             | oyee         | ompe                            |        | 1099-NEC)                  |                               | and related           |
|  | below             | ndividual trustee or director | In stitutional trustee | cer         | Key employee | Highest compensated<br>employee | Former |                            |                               | organizations         |
|  | line)             | Ind                           | lnst                   | Officer     | Key          | e Hig                           | For    |                            |                               |                       |
| (1) DEBORAH AUBERT THOMAS  | 40.00             | -                             |                        |             |              |                                 |        | 142 150                    | 0                             | 11 600                |
| PRESIDENT & CEO (2) MARY DUNBAR  | 40.00             | -                             | -                      | X           |              |                                 |        | 143,150.                   | 0.                            | 11,680.               |
| SENIOR VP OPERATIONS & STRATEGY  | 40.00             | -                             |                        | x           | K –          |                                 |        | 116,708.                   | 0.                            | 9,568.                |
| (3) LESLIE DUNFORD   | 1.00              |                               |                        | 122         |              |                                 |        | 110,700.                   |                               | 5,500                 |
| CHAIR  |                   | x                             |                        | x           |              |                                 |        | 0.                         | 0.                            | 0.                    |
| (4) BRADY GROVES   | 1.00              |                               |                        |             |              |                                 |        |                            |                               |                       |
| VICE CHAIR   |                   | x                             |                        | x           |              |                                 |        | 0.                         | 0.                            | 0.                    |
| (5) DENISE GRIGGS  | 1.00              |                               |                        |             |              |                                 |        |                            |                               |                       |
| TREASURER  |                   | x                             |                        | x           |              |                                 |        | 0.                         | 0.                            | 0.                    |
| (6) STEVEN MOORE   | 1.00              | )                             |                        |             |              |                                 |        |                            |                               |                       |
| SECRETARY  |                   | Х                             |                        | Х           |              |                                 |        | 0.                         | 0.                            | 0.                    |
| (7) ERIC AVNER   | 1.00              |                               |                        |             |              |                                 |        |                            |                               |                       |
| AT-LARGE   |                   | Х                             |                        | Х           |              |                                 |        | 0.                         | 0.                            | 0.                    |
| (8) KEITH BURWELL  | 1.00              |                               |                        |             |              |                                 |        |                            |                               |                       |
| BOARD MEMBER   |                   | Х                             |                        |             |              |                                 |        | 0.                         | 0.                            | 0.                    |
| (9) MEGHAN CUMMINGS  | 1.00              | 1                             |                        |             |              |                                 |        |                            |                               | _                     |
| BOARD MEMBER   |                   | Х                             |                        | <u> </u>    |              |                                 |        | 0.                         | 0.                            | 0.                    |
| (10) AMY EYMAN   | 1.00              |                               |                        |             |              |                                 |        |                            |                               |                       |
| BOARD MEMBER   | 1 00              | х                             | <u> </u>               |             |              | -                               |        | 0.                         | 0.                            | 0.                    |
| (11) CONSTANCE HAWK  | 1.00              |                               |                        |             |              |                                 |        |                            | 0                             | 0                     |
| BOARD MEMBER   | 1 00              | X                             |                        | <u> </u>    |              | <u> </u>                        |        | 0.                         | 0.                            | 0.                    |
| (12) BENJAMIN KROECK   | 1.00              |                               |                        |             |              |                                 |        | 0                          | 0                             | 0                     |
| BOARD MEMBER   | 1 00              | Х                             | -                      |             |              | -                               |        | 0.                         | 0.                            | 0.                    |
| (13) SU LOK  | 1.00              | x                             |                        |             |              |                                 |        | 0.                         | 0                             | 0                     |
| BOARD MEMBER (14) MICHELLE LOVELY  | 1.00              | <u> </u>                      |                        | -           |              | -                               |        | 0.                         | 0.                            | 0.                    |
| BOARD MEMBER   | 1.00              | x                             |                        |             |              |                                 |        | 0.                         | 0.                            | 0                     |
| (15) JILL MILLER   | 1.00              |                               | -                      | +           |              | $\vdash$                        |        | 0.                         |                               | 0.                    |
| BOARD MEMBER   | L.00              | x                             |                        | 1           | 1            |                                 |        | 0.                         | 0.                            | 0.                    |
| (16) PATRICIA O'BRIEN  | 1.00              |                               |                        | $\vdash$    |              | $\vdash$                        |        | 0.                         | 0.                            | 0.                    |
| BOARD MEMBER   | L.00              | x                             |                        | 1           |              |                                 |        | 0.                         | 0.                            | 0.                    |
| (17) ALESHA WASHINGTON   | 1.00              |                               | -                      | $\vdash$    | -            | $\vdash$                        |        | 0.                         | 0.                            | 0.                    |
| BOARD MEMBER   | <u> </u>          | x                             |                        |             |              |                                 |        | 0.                         | 0.                            | 0.                    |
| 232007 12-13-22  | I                 |                               |                        | 1           | 1            | 1                               | I      |                            |                               | Form <b>990</b> (2022 |
| 202001 12-10-22  |                   |                               |                        |             | 7            |                                 |        |                            |                               | 1 0111 (2022          |

 Form 990 (2022)
 PHILANTHROPY
 OHIO
 31-1

 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

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| Form 990 (2022) PHILANTH                                    | ROPY OHI             | 0                     |                        |          |                    |                                 |          |                                | 31-111                       | 1842    | F                      | age <b>8</b> |
|---|----------------------|-----------------------|------------------------|----------|--------------------|---------------------------------|----------|--------------------------------|------------------------------|---------|------------------------|--------------|
| Part VII Section A. Officers, Directors, Tru                | stees, Key Em        | oloy                  | ees,                   | , and    | d Hig              | ghest                           | t Co     | ompensated Employee            | s (continued)                |         |                        |              |
| (A)   | (B)                  |                       |                        |          | <b>C)</b><br>ition |                                 |          | (D)                            | (E)                          |         | (F)                    |              |
| Name and title  | Average<br>hours per |                       | not c                  | heck     | more               | than o                          |          | Reportable                     | Reportable                   |         | stimat                 |              |
|   | week                 |                       |                        |          |                    | s both<br>r/truste              |          | compensation<br>from           | compensation<br>from related | a       | mount.<br>other        |              |
|   | (list any            | tor                   |                        |          |                    |                                 |          | the                            | organizations                | cor     | npensa                 |              |
|   | hours for            | director              |                        |          |                    | g                               |          | organization                   | (W-2/1099-MISC/              |         | from th                |              |
|   | related              | tee or                | ustee                  |          |                    | ensati                          |          | (W-2/1099-MISC/                | 1099-NEC)                    | or      | ganiza                 | tion         |
|   | organizations        | al trus               | nal tr                 |          | loyee              | e comp                          |          | 1099-NEC)                      |                              |         | nd rela                |              |
|   | below<br>line)       | Individual trustee or | In stitutional trustee | Officer  | ƙey employee       | Highest compensated<br>employee | Former   |                                |                              | org     | ganizat                | ions         |
|   | ,                    | Ind                   | lns                    | Off      | Key                | e Hi                            | For      |                                |                              |         |                        |              |
| (18) KRISTEN ROST   | 1.00                 | v                     |                        |          |                    |                                 |          | 0.                             | 0                            |         |                        | 0            |
| BOARD MEMBER<br>(19) BRIAN WAGNER                           | 1.00                 | X                     |                        |          |                    |                                 |          | 0.                             | 0.                           | •       | _                      | 0.           |
| BOARD MEMBER  | 1.00                 | x                     |                        |          |                    |                                 |          | 0.                             | 0                            |         |                        | 0.           |
| (20) KAREN WHITE  | 1.00                 |                       |                        |          |                    |                                 |          | 0.                             | 0                            | •       |                        | 0.           |
| BOARD MEMBER  | 1.00                 | x                     |                        |          |                    |                                 |          | 0.                             | 0.                           |         |                        | 0.           |
| (21) LISSY RAND   | 1.00                 | Δ                     |                        |          |                    |                                 |          | 0.                             | 0.                           | •       |                        | 0.           |
| BOARD MEMBER  | 1.00                 | x                     |                        |          |                    |                                 |          | 0.                             | 0.                           |         |                        | 0.           |
|   |                      |                       |                        |          |                    |                                 |          |                                | 0.                           | •       |                        | <u> </u>     |
|   |                      | 1                     |                        |          |                    |                                 |          |                                |                              |         |                        |              |
|   |                      |                       |                        |          |                    |                                 |          |                                |                              |         |                        |              |
|   |                      | 1                     |                        |          |                    |                                 |          |                                |                              |         |                        |              |
|   |                      |                       |                        |          |                    |                                 |          |                                |                              |         |                        |              |
|   |                      | 1                     |                        |          |                    |                                 |          |                                |                              |         |                        |              |
|   |                      |                       |                        |          |                    |                                 | Ć        |                                |                              |         |                        |              |
|   |                      | 1                     |                        |          |                    |                                 |          |                                |                              |         |                        |              |
|   |                      |                       |                        |          |                    |                                 |          |                                |                              |         |                        |              |
|   |                      | 1                     |                        |          |                    |                                 |          |                                |                              |         |                        |              |
| 1b Subtotal   |                      |                       |                        |          |                    |                                 |          | 259,858.                       | 0                            | . 2     | 21,2                   | 48.          |
| c Total from continuation sheets to Part V                  |                      |                       |                        |          |                    |                                 |          | 0.                             | 0                            |         |                        | 0.           |
| d Total (add lines 1b and 1c)                               |                      |                       |                        |          |                    |                                 |          | 259,858.                       | 0                            | . 2     | 21,2                   | 48.          |
| 2 Total number of individuals (including but                | not limited to th    | ose                   | liste                  | d at     | oove)              | ) who                           | o re     | ceived more than \$100,        | 000 of reportable            |         |                        |              |
| compensation from the organization                          |                      |                       |                        |          |                    |                                 |          |                                |                              |         |                        | 2            |
|   |                      |                       |                        |          |                    |                                 |          |                                |                              |         | Yes                    | No           |
| <b>3</b> Did the organization list any <b>former</b> office | r, director, trust   | ee, k                 | key e                  | empl     | oyee               | e, or                           | hig      | hest compensated emp           | loyee on                     |         |                        |              |
| line 1a? If "Yes," complete Schedule J for                  |                      |                       |                        |          |                    |                                 |          |                                |                              | 3       |                        | X            |
| 4 For any individual listed on line 1a, is the s            |                      |                       |                        |          |                    |                                 |          |                                |                              |         |                        |              |
| and related organizations greater than \$15                 |                      |                       |                        |          |                    |                                 |          |                                |                              | 4       | X                      |              |
| 5 Did any person listed on line 1a receive or               |                      |                       |                        |          |                    |                                 |          |                                |                              |         |                        |              |
| rendered to the organization? If "Yes," co                  | mplete Schedul       | e J fo                | or si                  | uch i    | perso              | on                              |          |                                |                              | 5       |                        | X            |
| Section B. Independent Contractors                          |                      |                       |                        |          |                    |                                 |          |                                |                              |         |                        |              |
| 1 Complete this table for your five highest c               | •                    | •                     |                        |          |                    |                                 |          |                                | · ·                          | ation f | rom                    |              |
| the organization. Report compensation for                   | the calendar ye      | ear e                 | endir                  | ng w     | ith o              | or wit                          | nin<br>T |                                | ear.                         |         |                        |              |
| (A)<br>Name and busines                                     | s address            | <b>NT</b> /           | ONE                    | 7        |                    |                                 |          | <b>(B)</b><br>Description of s | services                     |         | ( <b>C)</b><br>ensatic | n            |
| Name and busilles   | 0 444/000            | INC                   |                        | <u> </u> |                    |                                 | +        | Description of a               |                              | Soub    | Silvan                 |              |
|   |                      |                       |                        |          |                    |                                 |          |                                |                              |         |                        |              |
|   |                      |                       |                        |          |                    |                                 |          |                                |                              |         |                        |              |
|   |                      |                       |                        |          |                    |                                 |          |                                |                              |         |                        |              |
|   |                      |                       |                        |          |                    |                                 |          |                                |                              |         |                        |              |
|   |                      |                       |                        |          |                    |                                 |          |                                |                              |         |                        |              |
|   |                      |                       |                        |          |                    |                                 | -        |                                |                              |         |                        |              |
|   |                      |                       |                        |          |                    |                                 |          |                                |                              |         |                        |              |
|   |                      |                       |                        |          |                    |                                 |          |                                |                              |         |                        |              |
| <b>*</b>  |                      |                       |                        |          |                    |                                 |          |                                |                              |         |                        |              |
| 2 Total number of independent contraction                   |                      | ot 15-                | n;+-                   | d + c    | ther               |                                 |          |                                | ara than                     |         |                        |              |
| 2 Total number of independent contractors                   |                      | JUIN                  | niteo                  | J (O     | tnos<br>0          |                                 | ed       | above) who received m          |                              |         |                        |              |
| \$100,000 of compensation from the organ                    | lization             |                       |                        |          | U                  | ,                               |          |                                |                              |         |                        |              |

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| orm 99                         |        |  | OHIO                    |   |  | 31-1111                                     | 842 Page 9   |
|--------------------------------|--------|--|-------------------------|---|--|---|--|
| Part V                         | /      | Statement of Revenue   |                         |   |  |   |  |
|                                |        | Check if Schedule O contains a response  | or note to any lin      |   |  |   |  |
|                                |        |  |                         | <b>(A)</b><br>Total revenue             | (B)<br>Related or exempt<br>function revenue | <b>(C)</b><br>Unrelated<br>business revenue | <b>(D)</b><br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| <u>s</u> 1                     | а      | Federated campaigns 1a   |                         |   |  |   |  |
| and Other Similar Amounts<br>L |        |  | 746,636.                |   |  |   |  |
| Am                             |        | Fundraising events 1c  |                         |   |  |   |  |
| ilar                           |        | Related organizations 1d   | 28,500.                 |   |  |   |  |
| Sim                            |        | Government grants (contributions) <b>1e</b>  | 20,500.                 |   |  |   |  |
| Jer                            | T      | All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> | 769,669.                |   |  |   |  |
| Ō                              | a      | Noncash contributions included in lines 1a-1f  |                         |   |  |   |  |
| anc                            | -      | Total. Add lines 1a-1f   |                         | 1,544,805.                              |  |   |  |
|                                |        |  | Business Code           |   |  |   |  |
| 2                              |        | ANNUAL CONFERENCE  | 611430                  | 259,685.                                |  |   |  |
| Revenue                        | b      | WORKSHOPS/PUBLICATIONS   | 611430                  | 53,853.                                 | 53,853.                                      |   |  |
| enu                            | С      |  |                         |   |  |   |  |
| Sev                            | d      |  |                         |   |  |   |  |
|                                | e      |  |                         |   |  |   |  |
|                                |        | All other program service revenue  |                         | 313,538.                                |  |   |  |
| 3                              |        | Total. Add lines 2a-2f   |                         | 515,550.                                |  |   |  |
| '                              | •      | other similar amounts)   |                         | 42,103.                                 |  |   | 42,103.  |
| 4                              |        | Income from investment of tax-exempt bond p  |                         |   |  |   | ,  |
| 5                              |        | Royalties  |                         |   |  |   |  |
|                                |        | (i) Real   | (ii) Personal           |   |  |   |  |
| 6                              | а      | Gross rents 6a   |                         |   |  |   |  |
|                                | b      | Less: rental expenses 6b   |                         |   |  |   |  |
|                                |        | Rental income or (loss) 6c   |                         |   |  |   |  |
| _                              |        | Net rental income or (loss)         Gross amount from sales of         (i) Securities    | (ii) Other              |   |  |   |  |
| 1                              | а      |  |                         |   |  |   |  |
|                                | h      | assets other than inventory <b>7a</b><br>Less: cost or other basis                       |                         |   |  |   |  |
| 2                              |        | and sales expenses   |                         |   |  |   |  |
|                                | с      | Gain or (loss) 7c  |                         |   |  |   |  |
|                                |        | Net gain or (loss)   |                         |   |  |   |  |
| 8                              | а      | Gross income from fundraising events (not  |                         |   |  |   |  |
|                                |        | including \$of   |                         |   |  |   |  |
|                                |        | contributions reported on line 1c). See  |                         |   |  |   |  |
|                                |        | Part IV, line 18   |                         |   |  |   |  |
|                                |        | Less: direct expenses 8b   |                         |   |  |   |  |
| 0                              |        | Net income or (loss) from fundraising events<br>Gross income from gaming activities. See |                         |   |  |   |  |
| 9                              | a      | Part IV, line 19 9a  |                         |   |  |   |  |
|                                | b      | Less: direct expenses 9b   |                         |   |  |   |  |
|                                |        | Net income or (loss) from gaming activities  |                         |   |  |   |  |
| 10                             | а      | Gross sales of inventory, less returns   |                         |   |  |   |  |
|                                |        | and allowances 10a   |                         |   |  |   |  |
|                                |        | Less: cost of goods sold 10b   |                         |   |  |   |  |
|                                | C      | Net income or (loss) from sales of inventory   |                         |   |  |   |  |
|                                | -      | MISCELLANEOUS INCOME   | Business Code<br>900099 | 4,863.                                  |  |   | 4,863.   |
|                                | a<br>b |  | 500033                  | 4,003.                                  |  |   | <u> </u>   |
| ver                            | D<br>C |  |                         |   |  |   |  |
| 11<br>Revenue                  |        | All other revenue  |                         |   |  |   |  |
|                                |        | Total. Add lines 11a-11d   |                         | 4,863.                                  |  |   |  |
| 12                             |        | Total revenue. See instructions  |                         | 1,905,309.                              | 313,538.                                     | 0.  | 46,966.  |
| 009 12-                        |        |  |                         | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |   | Form <b>990</b> (202   |

### 18020725 758050 4000000-181

2022.04010 PHILANTHROPY OHIO

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4000001

|    | and domestic governments. See Part IV, line 21  |                     |          |          |                   |
|----|---|---------------------|----------|----------|-------------------|
| 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,  |                     |          |          |                   |
| Ŭ  | trustees, and key employees   | 281,106.            | 151,534. | 79,274.  | 50,298.           |
| 6  | Compensation not included above to disqualified   | 201/1001            | 101/0010 | 157272   | 3072300           |
| U  | persons (as defined under section 4958(f)(1)) and   |                     |          |          |                   |
|    | persons described in section 4958(c)(3)(B)  |                     |          |          |                   |
| 7  | Other salaries and wages  | 758,446.            | 408,850. | 213,888. | 135,708.          |
| 8  | Pension plan accruals and contributions (include  | 750,440.            | 400,000  | 213,0001 | 133,700.          |
| 0  | section 401(k) and 403(b) employer contributions)   | 11 131              | 22,334.  | 11,684.  | 7 /13             |
| 0  |   | 41,431.<br>129,774. | 69,956.  | 36,598.  | 7,413.<br>23,220. |
| 9  | Other employee benefits   | 77,199.             | 41,615.  | 21,771.  | 13,813.           |
| 10 | Payroll taxes   | 11,199.             | 41,013.  | <u> </u> | 15,015.           |
| 11 | Fees for services (nonemployees):   |                     |          |          |                   |
| a  | Management  | 3,605.              |          | 3,605.   |                   |
| b  | Legal   | 16,923.             |          | 16,923.  |                   |
| c  | Accounting  | 56,243.             | 56,243.  | 10,923.  |                   |
| d  | Lobbying  | 50,243.             | 50,243.  |          |                   |
| е  | Professional fundraising services. See Part IV, line 17   | 7 100               |          | 7 100    |                   |
| f  | Investment management fees  | 7,102.              |          | 7,102.   |                   |
| g  | Other. (If line 11g amount exceeds 10% of line 25,  |                     | 10 000   | 22.065   |                   |
|    | column (A), amount, list line 11g expenses on Sch O.)   | 50,474.             | 16,927.  | 33,265.  | 282.              |
| 12 | Advertising and promotion   |                     | A A A E  | 2 7 2 2  |                   |
| 13 | Office expenses   | 8,449.              | 3,935.   | 3,722.   | 792.              |
| 14 | Information technology  | 114,557.            | 51,365.  | 52,862.  | 10,330.           |
| 15 | Royalties   |                     | <u> </u> |          | 10.005            |
| 16 | Occupancy   | 106,959.            | 63,819.  | 30,305.  | 12,835.           |
| 17 | Travel  | 18,456.             | 11,012.  | 5,229.   | 2,215.            |
| 18 | Payments of travel or entertainment expenses  |                     |          |          |                   |
|    | for any federal, state, or local public officials $\dots$   |                     |          |          |                   |
| 19 | Conferences, conventions, and meetings  | 167,970.            | 167,970. |          |                   |
| 20 | Interest  |                     |          |          |                   |
| 21 | Payments to affiliates  |                     |          |          |                   |
| 22 | Depreciation, depletion, and amortization   | 34,656.             | 20,678.  | 9,819.   | 4,159.            |
| 23 | Insurance   |                     |          |          |                   |
| 24 | Other expenses. Itemize expenses not covered  |                     |          |          |                   |
|    | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), |                     |          |          |                   |
|    | amount, list line 24e expenses on Schedule 0.)  |                     |          |          |                   |
| a  | SUBSCRIPTIONS AND MEMBE   | 29,870.             | 29,043.  | 827.     |                   |
| b  | PROFESSIONAL DEVELOPMEN   | 29,723.             | 16,023.  | 8,382.   | 5,318.            |
| с  |   |                     |          |          |                   |
| d  |   |                     |          |          |                   |
| е  | All other expenses  | 21,047.             | 9,311.   | 9,864.   | 1,872.            |
|    |   | 1 052 000           |          | E4E 100  |                   |

1,953,990.

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

(A) Total expenses

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

Form 990 (2022)

1

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

7b, 8b, 9b, and 10b of Part VIII.

(B) Program service expenses

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**(D)** Fundraising expenses

1,872. 268,255.

Form 990 (2022)

(C) Management and general expenses

232010 12-13-22

Check here

25

26

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720)

1,140,615.

545,120.

Form 990 (2022)

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### PHILANTHROPY OHIO Part X Balance Sheet

|                             |                      | Check if Schedule O contains a response or note                | e to any line ir | n this Part X        |                                 |     |                           |
|-----------------------------|----------------------|--|------------------|----------------------|---------------------------------|-----|---------------------------|
|                             |                      |  |                  |                      | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1                    | Cash - non-interest-bearing                                    |                  |                      | 262,628.                        | 1   | 281,195.                  |
|                             | 2                    | Savings and temporary cash investments                         |                  |                      |                                 | 2   |                           |
|                             | 3                    | Pledges and grants receivable, net                             |                  | ſ                    | 123,022.                        | 3   | 184,000.                  |
|                             | 4                    | Accounts receivable, net                                       |                  |                      |                                 | 4   |                           |
|                             | 5                    | Loans and other receivables from any current or                |                  |                      |                                 |     |                           |
|                             |                      | trustee, key employee, creator or founder, subst               |                  |                      |                                 |     |                           |
|                             |                      | controlled entity or family member of any of thes              |                  | ,<br>,               |                                 | 5   |                           |
|                             | 6                    | Loans and other receivables from other disqualif               |                  | 1                    |                                 |     |                           |
|                             |                      | under section 4958(f)(1)), and persons described               |                  |                      |                                 | 6   |                           |
| s                           | 7                    | Notes and loans receivable, net                                |                  | ſ                    |                                 | 7   |                           |
| Assets                      | 8                    | Inventories for sale or use                                    |                  |                      |                                 | 8   |                           |
| As                          | 9                    |  |                  |                      | 15,760.                         | 9   | 2,880.                    |
|                             |                      | Land, buildings, and equipment: cost or other                  |                  |                      |                                 |     |                           |
|                             |                      | basis. Complete Part VI of Schedule D                          | 10a              | 337,043.             |                                 |     |                           |
|                             | b                    | Less: accumulated depreciation                                 |                  | 337,043.<br>140,363. | 151,711.                        | 10c | 196,680.                  |
|                             | 11                   | Investments - publicly traded securities                       |                  |                      | 1,342,008.                      | 11  | 879,416.                  |
|                             | 12                   | Investments - other securities. See Part IV, line 1            |                  |                      |                                 | 12  | 0,0,1200                  |
|                             | 13                   | Investments - program-related. See Part IV, line 1             |                  |                      |                                 | 13  |                           |
|                             | 14                   |  |                  |                      |                                 | 14  |                           |
|                             | 15                   | Intangible assets           Other assets. See Part IV, line 11 |                  |                      | 0.                              | 15  | 181,727.                  |
|                             | 16                   | Total assets. Add lines 1 through 15 (must equa                |                  |                      | 1,895,129.                      | 16  | 1,725,898.                |
|                             | 17                   | Accounts payable and accrued expenses                          |                  |                      | 195,072.                        | 17  | 201,423.                  |
|                             | 18                   | Grants payable and aborded expenses                            |                  |                      |                                 | 18  |                           |
|                             | 19                   | Deferred revenue   |                  |                      | 180,795.                        | 19  | 33,805.                   |
|                             | 20                   | Tax-exempt bond liabilities                                    |                  |                      | 2007/200                        | 20  |                           |
|                             | 21                   | Escrow or custodial account liability. Complete F              |                  |                      |                                 | 21  |                           |
|                             | 22                   | Loans and other payables to any current or form                |                  |                      |                                 | 21  |                           |
| Liabilities                 | 22                   | trustee, key employee, creator or founder, subst               |                  |                      |                                 |     |                           |
| bili                        |                      | controlled entity or family member of any of thes              |                  |                      |                                 | 22  |                           |
| Lia                         | 23                   | Secured mortgages and notes payable to unrela                  |                  |                      |                                 | 22  |                           |
|                             | 23<br>24             | Unsecured notes and loans payable to unrelated                 |                  |                      |                                 | 23  |                           |
|                             | 2 <del>.</del><br>25 | Other liabilities (including federal income tax, pay           |                  | ed third             |                                 | 27  |                           |
|                             | 25                   | parties, and other liabilities not included on lines           |                  |                      |                                 |     |                           |
|                             |                      | of Schedule D  | 17-24). Oomp     |                      | 0.                              | 25  | 246,865.                  |
|                             | 26                   | Tabal Rah White Ashi Kasa 47 Universite OF                     |                  |                      | 375,867.                        |     | 482,093.                  |
|                             | 20                   | Organizations that follow FASB ASC 958, che                    | ck bere          | X                    | 57570070                        | 20  | 10270551                  |
| ŝ                           |                      | and complete lines 27, 28, 32, and 33.                         | CK HEIE          |                      |                                 |     |                           |
| nce                         | 27                   |  |                  |                      | 1,342,873.                      | 27  | 887 594.                  |
| ala                         | 28                   |  |                  |                      | 176,389.                        | 28  | 887,594.<br>356,211.      |
| ЧB                          | 20                   | Organizations that do not follow FASB ASC 9                    | 58 chock hor     |                      | 170,505.                        | 20  | 550,211.                  |
| -un                         |                      | and complete lines 29 through 33.                              |                  | e 🗆                  |                                 |     |                           |
| or                          | 00                   |  |                  |                      |                                 | 20  |                           |
| Net Assets or Fund Balances | 29<br>20             | Capital stock or trust principal, or current funds             |                  |                      |                                 | 29  |                           |
| SS                          | 30<br>21             | Paid-in or capital surplus, or land, building, or eq           |                  |                      |                                 | 30  |                           |
| ∋t A                        | 31                   | Retained earnings, endowment, accumulated inc                  |                  |                      | 1,519,262.                      | 31  | 1,243,805.                |
| ž                           | 32                   |  |                  |                      | 1,895,129.                      | 32  |                           |
|                             | 33                   | Total liabilities and net assets/fund balances                 |                  |                      | 1,090,129.                      | 33  | 1,725,898.                |

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| <u>, , , , , , , , , , , , , , , , , , , </u> | 1990 (2022) PHILANTHROPY OHIO   | 31-11   | L11842     | Pa         | ge 1 |
|---|---|---------|------------|------------|------|
|   | rt XI Reconciliation of Net Assets  |         |            |            |      |
|   | Check if Schedule O contains a response or note to any line in this Part XI   |         |            |            |      |
|   |   |         |            |            |      |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1       | 1,90       | 5,3        | 09   |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2       | 1,95       |            |      |
| 3   | Revenue less expenses. Subtract line 2 from line 1  | 3       | - 4        | 8,6        | 81   |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4       | 1,51       | 9,2        | 62   |
| 5   | Net unrealized gains (losses) on investments  | 5       | -22        | 6,7        | 76   |
| 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    |
| 0   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |         |            |            |      |
|   | column (B))   | 10      | 1,24       | <u>3,8</u> | 05   |
| Pa  | rt XII Financial Statements and Reporting   |         |            |            |      |
|   | Check if Schedule O contains a response or note to any line in this Part XII  |         |            |            |      |
|   |   |         | _          | Yes        | N    |
| 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 C      |         |            |            |      |
| 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 o     | n 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?                                    |         | <b>2</b> b | X          |      |
|   | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b    | oasis,  |            |            |      |
|   | 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 a  |         |            |            |      |
|   | review, or compilation of its financial statements and selection of an independent accountant?                        |         | <u>2c</u>  | X          |      |
|   | If the organization changed either its oversight process or selection process during the tax year, explain on Sched   | lule O. |            |            |      |
| 3a  | 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?   |         | <u>3a</u>  |            | X    |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | d audit |            |            |      |
|   | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |         | 3b         |            |      |

(Form 990)

## **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.

| OMB No. 1545-0047 |  |
|-------------------|--|
| 2022              |  |

| Open to Public |  |
|----------------|--|
| Inspection     |  |

|                          |  |   |                  |                                  |                 | Open to Public<br>Inspection |                                 |
|--------------------------|--|---|------------------|----------------------------------|-----------------|------------------------------|---------------------------------|
|                          | Go to www.irs.gov/   | Form990 for instruction                               | ns and the       | latest inf                       | ormation.       | <b>F</b> armelessee          |                                 |
| Name of the organization |  | UTO   |                  |                                  |                 |                              | identification number 1-1111842 |
| Part I Reason for        | PHILANTHROPY O<br>Public Charity Status.                           |   | omplete th       | nis nart ) S                     | ee instruction  |                              | 1-1111044                       |
|                          | ate foundation because it is: (                                    |   |                  |                                  |                 |                              |                                 |
|                          | tion of churches, or association                                   |   |                  |                                  | VAVi)           |                              |                                 |
|                          | ed in section 170(b)(1)(A)(ii).                                    |   |                  | 1110(5)(1                        | <u>//~//י/·</u> |                              |                                 |
|                          | operative hospital service orga                                    |   |                  | (b)(1)(A)(ii                     | i).             |                              |                                 |
|                          | h organization operated in co                                      |   |                  |                                  |                 | )(iii). Enter                | the hospital's name,            |
| city, and state:         | •  |   |                  |                                  |                 |                              |                                 |
| 5 An organization o      | perated for the benefit of a co                                    | llege or university owned                             | l or operat      | ed by a go                       | vernmental u    | nit describe                 | ed in                           |
| section 170(b)(1)        | )(A)(iv). (Complete Part II.)                                      |   |                  |                                  |                 |                              |                                 |
| 6 🔄 A federal, state, o  | r local government or governm                                      | nental unit described in                              | section 17       | 70(b)(1)(A)                      | (v).            |                              |                                 |
| 7 X An organization th   | nat normally receives a substa                                     | ntial part of its support fi                          | om a gove        | ernmental                        | unit or from th | e general p                  | oublic described in             |
| section 170(b)(1)        | (A)(vi). (Complete Part II.)                                       |   |                  |                                  |                 |                              |                                 |
| 8 A community trus       | t described in section 170(b)                                      | (1)(A)(vi). (Complete Par                             | t II.)           |                                  |                 |                              |                                 |
|                          | search organization described                                      |   |                  |                                  |                 |                              |                                 |
|                          | non-land-grant college of agric                                    | ulture (see instructions).                            | Enter the        | name, city                       | , and state of  | the college                  | or                              |
|                          |  |   |                  |                                  |                 |                              |                                 |
| -                        | nat normally receives (1) more                                     |   |                  |                                  |                 | -                            | •                               |
|                          | o its exempt functions, subjec                                     |   |                  |                                  |                 |                              |                                 |
|                          | ated business taxable income                                       | (less section 511 tax) fro                            | m busines        | ses acquii                       | red by the org  | anization a                  | inter June 30, 1975.            |
|                          | <b>a)(2).</b> (Complete Part III.)<br>rganized and operated exclus | ively to test for public so                           | foty Soo         | section 50                       | 0(2)(4)         |                              |                                 |
| - ·                      | rganized and operated exclus                                       |   |                  |                                  |                 | rry out the                  | nurnoses of one or              |
| Ŭ                        | ported organizations describe                                      |   |                  |                                  |                 |                              |                                 |
|                          | 12d that describes the type of                                     |   |                  |                                  |                 |                              |                                 |
|                          | orting organization operated, s                                    |   |                  |                                  |                 |                              | giving                          |
|                          | organization(s) the power to re                                    |   |                  |                                  |                 |                              |                                 |
| organization. Yo         | ou must complete Part IV, Se                                       | ections A and B.                                      |                  |                                  |                 |                              |                                 |
| b 🗌 Type II. A supp      | orting organization supervised                                     | or controlled in connect                              | ion with it      | s supporte                       | d organizatio   | n(s), by hav                 | ing                             |
| control or mana          | gement of the supporting org                                       | anization vested in the sa                            | ame perso        | ns that co                       | ntrol or manag  | ge the supp                  | ported                          |
| organization(s).         | You must complete Part IV,   | Sections A and C.                                     |                  |                                  |                 |                              |                                 |
|                          | nally integrated. A supportin                                      |   |                  |                                  |                 | ly integrate                 | d with,                         |
|                          | ganization(s) (see instructions                                    |   |                  |                                  |                 |                              |                                 |
|                          | nctionally integrated. A supp                                      |   |                  |                                  |                 |                              |                                 |
|                          | ionally integrated. The organiz                                    |   | •                |                                  |                 | an attentiv                  | veness                          |
|                          | e instructions). <b>You must co</b> r                              | •   |                  |                                  |                 |                              |                                 |
|                          | if the organization received a                                     |   |                  |                                  | турет, туре     | ii, Type iii                 |                                 |
| f Enter the number of su | grated, or Type III non-functio                                    |   |                  |                                  |                 |                              |                                 |
|                          | formation about the supported                                      | ed organization(s)                                    |                  |                                  |                 |                              | <u> </u>                        |
| (i) Name of supported    |  | (iii) Type of organization                            | (iv) Is the orga | anization listed<br>ng document? | (v) Amount of   | monetary                     | (vi) Amount of other            |
| organization             |  | (described on lines 1-10<br>above (see instructions)) | Yes              | No                               | support (see ir | structions)                  | support (see instructions)      |
|                          |  |   |                  |                                  |                 |                              |                                 |
|                          |  |   |                  |                                  |                 |                              |                                 |
|                          |  |   |                  |                                  |                 |                              |                                 |
|                          |  |   |                  |                                  |                 |                              |                                 |
|                          |  |   |                  |                                  |                 |                              |                                 |
|                          |  |   |                  |                                  |                 |                              |                                 |
|                          |  |   |                  |                                  |                 |                              |                                 |
|                          |  |   |                  |                                  |                 |                              |                                 |
|                          |  |   |                  |                                  |                 |                              |                                 |
|                          |  |   |                  |                                  |                 |                              |                                 |
| Total                    |  |   |                  |                                  |                 |                              | 1                               |

#### Schedule A (Form 990) 2022

PHILANTHROPY OHIO

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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  |          |   |             |          |          | 4                          |
|------|--|----------|---|-------------|----------|----------|----------------------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018 | <b>(b)</b> 2019                         | (c) 2020    | (d) 2021 | (e) 2022 | (f) Total                  |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not  |          |   |             |          |          | 7                          |
|      | include any "unusual grants.")   | 1933718. | 1184169.                                | 1629107.    | 1847123. | 1544805. | 8138922.                   |
| 2    | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |          |   |             |          |          |                            |
| 3    | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge  |          |   |             |          |          |                            |
| 4    | Total. Add lines 1 through 3   | 1933718. | 1184169.                                | 1629107.    | 1847123. | 1544805. | 8138922.                   |
|      | 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)   |          |   |             |          |          | 1592220.                   |
|      | Public support. Subtract line 5 from line 4.   |          |   |             |          |          | 6546702.                   |
| Sec  | ction B. Total Support   | -        |   |             |          |          |                            |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018 | <b>(b)</b> 2019                         | (c) 2020    | (d) 2021 | (e) 2022 | <b>(f)</b> Total           |
| 7    | Amounts from line 4  | 1933718. | 1184169.                                | 1629107.    | 1847123. | 1544805. | 8138922.                   |
| 8    | Gross income from interest,  |          |   |             |          |          |                            |
|      | dividends, payments received on  |          |   |             |          |          |                            |
|      | securities loans, rents, royalties,  |          |   |             |          |          |                            |
|      | and income from similar sources $\dots$  | 35,334.  | 30,355.                                 | 30,370.     | 83,453.  | 42,103.  | 221,615.                   |
| 9    | Net income from unrelated business   |          | $\sim$                                  | r           |          |          |                            |
|      | activities, whether or not the   |          |   |             |          |          |                            |
|      | business is regularly carried on   |          |   |             |          |          |                            |
| 10   | Other income. Do not include gain  |          |   |             |          |          |                            |
|      | or loss from the sale of capital   | 2,887.   | 1 222                                   | 16,177.     | 6,013.   | 4,863.   | 21 162                     |
|      | assets (Explain in Part VI.)   | 2,007.   | 1,223.                                  | 10,1//.     | 0,013.   | 4,003.   | <u>31,163.</u><br>8391700. |
|      | Total support. Add lines 7 through 10  |          |   |             |          | 12 1     | ,270,809.                  |
|      | Gross receipts from related activities,<br>First 5 years. If the Form 990 is for the   |          | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |             |          |          | ,210,009.                  |
| 13   | •  |          |   |             |          |          |                            |
| Sec  | organization, check this box and stor<br>ction C. Computation of Publi   |          |   |             |          | <u></u>  | ·····                      |
|      | Public support percentage for 2022 (I  |          |   | column (f)) |          | 14       | 78.01 %                    |
|      | Public support percentage from 2021  |          | •                                       | .,,         |          | 15       | 78.58 %                    |
|      |  |          |   |             |          |          |                            |
|      | Ica 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X |          |   |             |          |          |                            |
| b    | 33 1/3% support test - 2021. If the  |          | •                                       |             |          |          |                            |
|      | and <b>stop here.</b> The organization gual  |          |   |             |          |          |                            |
| 17a  | 10% -facts-and-circumstances test  |          |   |             |          |          |                            |
|      | and if the organization meets the fact   |          |   |             |          |          |                            |
|      | meets the facts-and-circumstances te   |          |   | -           | -        |          |                            |
| b    | 10% -facts-and-circumstances test  | -        |   | • • • •     |          |          | ······                     |
|      | more, and if the organization meets th   |          |   |             |          |          |                            |
|      | organization meets the facts-and-circi   |          |   |             |          |          |                            |
| 18   | Private foundation. If the organization  |          | •                                       |             | ••••     |          |                            |
|      | <u> </u>   |          | ,                                       |             |          |          | (Form 990) 2022            |

232022 12-09-22

| Schedule A | Form 990 | ) 2022 |
|------------|----------|--------|
|            |          |        |

### PHILANTHROPY OHIO

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.)

| 16       Public support percentage from 2021 Schedule A, Part III, line 15       16       %         Section D. Computation of Investment Income Percentage       17       17       %         17       Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))       17       18       %         18       Investment income percentage from 2021 Schedule A, Part III, line 17       18       %         19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       1         b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       1         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       1   | Section A. Pub                                       | lic Support   |                            |                                       |                        |                     |         |                | 4               |
|---|--|---|----------------------------|---------------------------------------|------------------------|---------------------|---------|----------------|-----------------|
| membranity fields are viewed. (Do not<br>include any viewed prints size.       Image: State of the service of the servi   | Calendar year (or fisc                               | al year beginning in)   | (a) 2018                   | <b>(b)</b> 2019                       | (c) 2020               | (d) 2021            | (       | e) 2022        | (f) Total       |
| include any "unusual grants")<br>Grass needpite from admission,<br>merchandles odd or services per-<br>formed, or facilities trunkled in any activity that is related to the<br>organization's take-empt purpose<br>3 Gross receipts from activities that<br>are not an unvested trade or bue-<br>iness under section 513<br>4 Tax revenues levide for the organ-<br>ization's benefit and ether paid to<br>or expended on its behalf<br>5 The value of services or facilities<br>furnished by agreemmental unit to<br>the organization's benefit and ether paid to<br>or expended on its behalf<br>5 The value of services or facilities<br>6 Total. Add lines 1 through 5<br>a Amounts included on lines 1.2, and<br>3 received from disqualified persons<br>b Amaute indexed on line 3.2, and<br>3 received from disqualified persons<br>b Amaute indexed on line 3.2, and<br>3 received from disqualified persons<br>b Amaute indexed on line 3.2, and<br>3 received from the grant services<br>construction without charge<br>6 Add lines 7 and 76<br>8 Public apport, diametrix, butin 8.1<br>8 Public apport bases, activity, and the second public<br>8 Public apport percentage for 20.2<br>8 Public apport percentage for 20.2<br>8 Public apport percentage for 20.2<br>9 Public apport percentage for 20.2<br>9 Public apport percentage for 20.2<br>9 Public apport best, activite and the cond and but the kt a  | 1 Gifts, grants, c                                   | ontributions, and   |                            |                                       |                        |                     |         |                |                 |
| 2 Gross receipts from admissions, marchandlas and of assives performed, or facilities functioned in the related to the organization's tax exempt purpose 3 Gross receipts from admissions and tax exempt purpose 3 Gross receipts from admissions and tax exempt purpose 3 Gross receipts from admissions and tax exempt purpose 3 Gross receipts from admissions and tax exempt purpose 3 Gross receipts from admissions and tax exempt purpose 3 Gross receipts from admissions and tax exempt purpose 3 Gross receipts from admissions and tax exempt purpose 3 Gross receipts from admissions and tax exempt purpose 3 Gross receipts from admissions and tax exempt purpose 3 Gross receipts from admissions and from the from admission admissions and tax exempt part of admits that the form admission admissions and from the form admission   | membership fe  | es received. (Do not  |                            |                                       |                        |                     |         |                |                 |
| mechandise sold or services per-<br>formed, or facilities furnished<br>organization's tax-exempt purpose       image: services per-<br>formed, or facilities furnished<br>are not an invested trade or bue-<br>iness under section 513         3 Gross receipts from activities that<br>are not an invested trade or bue-<br>iness under section 513       image: section 513         5 The value of services or facilities<br>furnished by a governmental unit to<br>the organization's benefit and either paid to<br>or expended on this behalf       image: section 513         6 Total. Add lines 1 through 5.       image: section 514       image: section 514         7 Anonus fixedod on lines 1.2, and<br>3 received from disqualified persons<br>b Anounts included on line 1.2, and<br>3 received from disqualified persons<br>b Anounts included on line 3.2, and<br>3 received from disqualified persons b b<br>anounts include on line 3.2, and<br>3 received from disqualified persons b b<br>anounts include on line 3.2, and<br>3 received from disqualified persons b b<br>anounts include on line 3.2, and<br>3 received from disqualified persons b b<br>anounts for line 5.         9 Audition through 30.1, and 70       (e) 2016       (e) 2020       (e) 2021       (e) 2022       (f) Total<br>9         9 Anounts form line 6.       image: second file and 70       image: second file and 70       image: second file and 70         10 of this upport. Gause in the painting in<br>9. Anounts form lines 4.       image: second file and 70       image: second file and 70         10 of this upport. Gause in the painting in<br>9. Anounts form lines 4.       image: second file and 70       image: second file and 70         10 of  | include any "ur                                      | nusual grants.")  |                            |                                       |                        |                     |         |                |                 |
| 3 Gross receipts from activities that<br>are not an unrelated trade or bus<br>iness under section 513       4         4 Tax revenues level of the organization<br>ization's benefit and either paid to<br>or expanded on its behalf       5         5 The value of standing section 513       5         6 Total. Add ines 1 through 5       5         7 A mounts included on lines 1, 2, and<br>3 received from disqualified persons       5         A mounts included on lines 1, 2, and<br>3 received from disqualified persons       5         A mounts included on lines 1, 2, and<br>3 received from disqualified persons       5         A mounts included on lines 1, 2, and<br>3 received from disqualified persons       5         A mounts included on lines 1, 2, and<br>3 received from disqualified persons       5         A mounts included on lines 1, 2, and<br>3 received from disqualified persons       5         A mounts from lines 6       6         A mounts from lines 6       6         A mounts from lines 6       6         A diverset, restricted on<br>securities loans, rents, royalland, and rob       6         A diverset, restricted and restricted and restricted and restricted<br>and robrems is rule and rob       6         1 Net income from unrelated automos<br>whether on the business is an<br>regulary carried on. The sale of capital<br>asset (F-pain IP art V),<br>restrict 1 and rob person       1         3 Total support percentage from 2022 (line 10c, column (t), divided by line 13, column (t))   | merchandise s<br>formed, or faci<br>any activity tha | old or services per-<br>lities furnished in<br>at is related to the |                            |                                       |                        |                     |         |                | X               |
| are not an unrelated trade or bus-<br>iness under section 513 4 Tax revenues levied for the organ-<br>ization is benefit and ether 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 7 A mounts included on lines 1, 2, and 3 received from disqualified persons 9 Amouts included on line 2, 2, and 4 Tax revenues levied for the sease state 1 amout is the state is through 5 7 Break and 7D   | •  |   |                            |                                       |                        |                     |         |                |                 |
| 4 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf       Image: Construction of the behalf of the organization without charge         5 The value of services or facilities furnished by a governmental unit to the organization without charge       Image: Construction of the behalf of the organization without charge         6 Total. Add lines 1 through 5       The value of services or facilities for through 5       Image: Construction of the organization without charge         6 Total. Add lines 1 through 5       The value of services or facilities for through 5       Image: Construction of the organization without charge         6 Total. Add lines 1 through 5       Image: Construction of the the service of the value of services or facilities for the value of services or facilitities or facilities for the value of services or facil  | are not an unre                                      | elated trade or bus-  |                            |                                       |                        |                     | (       |                |                 |
| ization's benefit and either paid to<br>or expended on its behalf<br>5 The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge<br>6 Total. Add lines 1 through 5<br>7 a Amounts included on lines 1, 2, and<br>3 received from disqualified persons<br>b Amounts included on lines 1, 2, and<br>3 received facilities and 3 neeved<br>thron other than 5 download and the services of the organization<br>of a download and lines 3 and 3 neeved<br>thron other than 5 download and lines 1 and 3 neeved<br>thron other than 5 download and lines 1 and 3 neeved<br>thron other than 5 download and lines 1 and 3 neeved<br>thron other than 5 download and lines 1 and 3 neeved<br>thron other than 5 download and lines 1 and 3 neeved<br>thron other than 5 download and lines 1 and 3 neeved<br>thron other than 5 download and 1 a   |  |   |                            |                                       |                        |                     |         |                |                 |
| or expended on its behalf 5 The value of services or facilities timished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included no lines 1, 2, and 3 received from disqualified persons b Amounts included no lines 4, 2, and 3 received from disqualified persons b Amounts included no lines 4, 2, and 3 received from disqualified persons b Amounts included no lines 4, 2, and 4 non- 4 the disqualified persons b Amounts included no lines 4, 2, and 4 non- 4 the disqualified persons b Amounts included no lines 4, 2, and 5 non- 5 the set of the set  |  | •   |                            |                                       |                        |                     |         |                |                 |
| furnished by a governmental unit to<br>the organization without charge       Image: Construction of the constructin constructin construction of the construction of the c   |  | •   |                            |                                       |                        |                     |         |                |                 |
| the organization without charge       6       Total. Add lines 1 through 5         7 A mounts included on lines 1, 2, and 3 received from disqualified persons that exceed the grader of 5.00 or 1% of the amount on line 13 or the year       9         9 Add lines 7 and 70       8       9         8 Public support, instructing 2 hom ine 0       9         Section B. Total Support       9         alcraft yrea (or fiscal year beginning in)       9         9 Amounts from line 6       9         10 a Gross income from interest, dividends, payments received on securities locals, rents, royalites, and income from similar sources       9         0 alcraft yrea (or fiscal year beginning in)       9       9         9 Amounts from line 6       9         (c) across income from interest, dividends, payments received on securities locals, rents, royalites, and income from similar sources       9         0 alcraft bit business stabile income       (b) 2019.       (c) 2020       (d) 2021       (e) 2022         11 Net income from unrelated business is regularly cancer       9       9       10       10         12 Other income. Do not include on into 10, where year       9       10       10       10         13 Net income from unrelated business is regularly cancer       10       10       10       10         13 Total support parcentage from 2021 Schedule A, P   | 5 The value of se                                    | rvices or facilities  |                            |                                       |                        |                     |         |                |                 |
| 6       Total. Add lines 1 through 5  | furnished by a                                       | governmental unit to  |                            |                                       |                        |                     |         |                |                 |
| 7a Amounts included on lines 1, 2, and<br>3 received from disqualified persons that<br>exceed the graved of 50:00 or 10% of the<br>amount on the 13 for the year<br>exceed the graves of 50:00 or 10% of the<br>amounts included persons that<br>exceed the graves of 50:00 or 10% of the<br>amounts from line 6       Image: Stress of   | the organizatio                                      | n without charge  |                            |                                       |                        |                     |         |                |                 |
| 3 received from disqualified persons       0         b month included on times 2 and 3 received<br>moment the purport.       0         b month included on times 2 and 3 received<br>moment the purport.       0         c Add lines 7a and 7b       0         8 Public support.       0         dotted the purport.       0         section B. Total Support.       0         9 Amounts form line 6       0         10a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from suinasses<br>acquired after June 30, 1975       0         c Add lines 10a and 10b       0       0         11 Net income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain In Part VI).       0         13 Total support percentage for 2022 (line 8, column (f), divided by line 13, column (f)       15         14 First 5 yeas.       16       9         9 Fublic support percentage for 2022 (line 8, column (f), divided by line 13, column (f)       15         16 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)       17         17 Investment income percentage for 2022 (line 10, column (f), divided b  | 6 Total. Add line                                    | s 1 through 5   |                            |                                       |                        |                     |         |                |                 |
| b Anouths included on lines 2 and 3 reselved<br>brom other have disqualled persons that<br>exceed the grater of \$5:000 or % of the<br>amount on the disqualled persons that<br>exceed the grater of \$5:000 or % of the<br>amount on the side to type:         c Add lines 7 a and 7b<br>3 Public support. (Substitus 7: the tile 0)         a Public support. (Substitus 7: the tile 0)         c Add lines 7 a and 7b<br>a Public support. (Substitus 7: the tile 0)         c Add lines 7 and 7b<br>a Public support. (Substitus 7: the tile 0)         c Add lines 7 and 7b<br>a Arounts from line 6<br>(a) Gross income from interest,<br>dividends, payments received on<br>securities lans, rents, royallies,<br>and income from similar sources<br>acquired ater June 30, 1975         b Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired ater June 30, 1975         c Add lines 10 and 10b         11 Net income from nime1est,<br>dividends, payments is capital<br>assets (Explain In Part VI).         12 Other income, Do no linc/lide gain<br>or loss from the sale of capital<br>assets (Explain In Part VI).         13 Totil support percentage form 2021 Schedule A, Part III, line 15         14 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,<br>check this box and stop here         7 Investment income percentage form 2021 Schedule A, Part III, line 15       16         9a 33 1/3% support tests - 2022. (line 8, column (f), divided by line 13, column (f))       17         19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more tha  | 7a Amounts inclue                                    | ded on lines 1, 2, and  |                            |                                       |                        |                     |         |                |                 |
| tron other than disqualined persons that exceed the payer of \$5,000 or \$9 of the amount on line 13 for the year (so the year) of \$000 or \$000 | 3 received fron                                      | n disqualified persons  |                            |                                       |                        |                     |         |                |                 |
| execute by greater of \$3.000 or \$% of the amount on his 15 for the year<br>c Add lines 7a and 7b<br>3 Public support. (chaptat the 7 term in 8)<br>Section B. Total Support<br>and on one from interest.<br>and income from interest.<br>and income from similar sources<br>b Unrelated business taxable income<br>(less section 511 taxe) from businesses<br>acquired after June 30, 1975<br>c Add lines 10a and 10b<br>1 Net income from interest business<br>acquired after June 30, 1975<br>c Add lines 10a and 10b<br>1 Net income. Do notinclude gain<br>or other business is<br>regularly carried on<br>13 Total support. (Acclines 9, toc, 11, and 12)<br>14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,<br>check this box and stop here.<br>55 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))<br>16 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))<br>17 Mestment income percentage for 2022 (line 8, column (f), divided by line 13, column (f))<br>18 Investment income percentage for 2022 (line 8, column (f), divided by line 13, column (f))<br>19 Investment income percentage for 2022 (line 8, column (f), divided by line 13, column (f))<br>18 Investment income percentage for 2022 (line 8, column (f), divided by line 13, column (f))<br>19 Allo support percentage for 2022 (line 8, column (f), divided by line 13, column (f))<br>19 Investment income percentage for 2022 (line 8, column (f), divided by line 13, column (f))<br>19 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))<br>19 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))<br>10 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))<br>19 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))<br>10 In the first support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, an  |  |   |                            |                                       |                        |                     |         |                |                 |
| amount on line 13 for the year       c Add lines 7a and 7b       c         6 Public support. (syntamic time it is it  |  |   |                            |                                       |                        |                     |         |                |                 |
| 8 Public support. (Subtraction 7c from list 6)         Section B. Total Support         alendar year (or fiscal year beginning in)       (a) 2018       (b) 2019       (c) 2020       (d) 2021       (e) 2022       (f) Total         9 Amounts from line 6       (a) 2018       (b) 2019       (c) 2020       (d) 2021       (e) 2022       (f) Total         10a Gross income from interest, dividends, payments received on securities loans, rents, royaties, and income from similar sources       interest interest, and income from similar sources       interest interest, and income from similar sources         b Unrelated business taxable income       (e) securities 10a and 10b       interest  |  |   |                            |                                       |                        |                     |         |                |                 |
| Section B. Total Support         Jalendar year (or fisal year beginning in)       (a) 2018       (b) 2019       (c) 2020       (d) 2021       (e) 2022       (f) Total         10a Gross income from interest,<br>dividends, payments received on<br>securites loans, rentr, royaties,<br>and income from similar sources       Image: Comparison of  | <b>c</b> Add lines 7a ar                             | าd 7b   |                            |                                       |                        |                     |         |                |                 |
| alendar year (or fiscal year beginning in)       (a) 2018       (b) 2019       (c) 2020       (d) 2021       (e) 2022       (f) Total         9 Amounts from line 6       (ii)dends, payments received on securities loans, rents, royalties, and income from similar sources       (iii) the source from similar sources       (iii) the source from similar sources       (iii) the source from similar sources         b Unrelated business taxable income (less section 511 taxes) from businesses activities not include on line 10b, whether or not the business is activities not include gain or loss from the sale of capital assets (Explain in Part VI)       (iii) the form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         16       Public support percentage for 2022 (line 8, colurn (f), divided by line 13, colurn (f))       15       9         17       Investment income percentage for 2022 (line 0c, colurn (f), divided by line 13, colurn (f))       17       9         18       Investment income percentage for 2022 (line 10c, colurn (f), divided by line 13, colurn (f))       17       9         19 a 33 1/3%, check this box and stop here.       18       9       9         20 the support percentage for 2022 (line 0c, colurn (f), divided by line 13, colurn (f))       15       9         16       9       9       9       3       13       9         21 by by thests - 2022. If the organization did not check th  |  |   |                            |                                       |                        |                     |         |                |                 |
| 9 Amounts from line 6         10a Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources         b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975         c Add lines 10a and 10b         11 Net income from unrelated business activities not included on line 10b, whether on the business is regularly carried on         12 Other income. Do not include gain or jost include gain assets (Explain in Part VI).         13 Total support. Rendmes, tic., 11, and 12)         14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         5 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))       15         9 Investment income percentage for 2022 (line 8, column (f), divided by line 13, column (f))       17         9 a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, end kin box and stop here. The organization qualifies as a publicly supported organization         9 a 33 1/3% support tests - 2021. If the organization did not check a box on line 14, and line 16 is more than 33 1/3%, end this box and stop here. The organization qualifies as a publicly supported organization         19 a 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, ender this box and stop here. The organization qualifies as a publicly supported organization   |  |   |                            |                                       |                        | (                   |         |                |                 |
| 10a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources       Image: Comparison of the comparison of thecomparison of the comparison of the comparis   |  | • • • • •   | (a) 2018                   | (b) 2019                              | (c) 2020               | (d) 2021            | (       | e) 2022        | (f) Total       |
| dividends, payments received on securities, and income from similar sources       b       Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975         c       Add lines 10a and 10b   |  |   |                            | , , , , , , , , , , , , , , , , , , , |                        |                     |         |                |                 |
| (less section 511 taxes) from businesses acquired after June 30, 1975   | dividends, pay<br>securities loans                   | ments received on s, rents, royalties,                              | C                          |                                       |                        |                     |         |                |                 |
| acquired after June 30, 1975  | <b>b</b> Unrelated busine                            | ss taxable income   |                            |                                       |                        |                     |         |                |                 |
| c Add lines 10a and 10b   | (less section 511                                    | l taxes) from businesses  |                            |                                       |                        |                     |         |                |                 |
| 11 Net income from unrelated business activities not include doin line 10b, whether or not the business is regularly carried on   | acquired after Ju                                    | ne 30, 1975   |                            |                                       |                        |                     |         |                |                 |
| activities not included on line 10b, whether or not the business is regularly carried on  | <b>c</b> Add lines 10a a                             | and 10b   |                            |                                       |                        |                     |         |                |                 |
| 12       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       Image: transition of the sale of capital assets (Explain in Part VI.)         13       Total support. (Add lines 9, 10c, 11, and 12.)       Image: transition of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         14       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         5       Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))       15         16       %         6       Public support percentage from 2021 Schedule A, Part III, line 15       16         7       Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))       17         18       Investment income percentage from 2021 Schedule A, Part III, line 17       18         19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       10         33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization         20       Private foundation. If the   | activities not in<br>whether or not                  | ncluded on line 10b,<br>the business is                             |                            |                                       |                        |                     |         |                |                 |
| 14       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         15       Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))       15       %         16       Public support percentage from 2021 Schedule A, Part III, line 15       16       %         Section D. Computation of Investment Income Percentage       17       17       %         17       Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))       17       18         18       Investment income percentage from 2021 Schedule A, Part III, line 17       18       %         19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       1         b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       2         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       2   | 12 Other income.<br>or loss from the                 | Do not include gain<br>e sale of capital                            |                            |                                       |                        |                     |         |                |                 |
| check this box and stop here       Image: Check this box and stop here         Section C. Computation of Public Support Percentage         15       Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))       15       9/         16       Public support percentage from 2021 Schedule A, Part III, line 15       16       9/         Section D. Computation of Investment Income Percentage       17       18       9/         17       Investment income percentage from 2021 Schedule A, Part III, line 17       18       9/         18       Investment income percentage from 2021 Schedule A, Part III, line 17       18       9/         18       Investment income percentage from 2021 Schedule A, Part III, line 17       18       9/         19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       Image:  |  |   |                            |                                       |                        |                     |         |                |                 |
| Section C. Computation of Public Support Percentage         15       94         16       94         16       94         16       94         16       94         17       94         18       94         19       10         19       10         10       10         11       11         12       16         13       94         14       94         15       94         16       94         17       16         18       94         19       33         1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33         1/3% support tests - 2022. If the organization did not check a box on line 14, and line 15 is more than 33         1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33         1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33         1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33         1/3% support tests - 2021. If the organization did not check a box on line 14, or 19a, or 19b, check this box and see instructions     <   | 14 First 5 years.                                    | If the Form 990 is for th   | he organization's fir      | rst, second, third, f                 | fourth, or fifth tax y | /ear as a section 5 | 01(c)(3 | 3) organizatio | on,             |
| 15       Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))       15       %         16       Public support percentage from 2021 Schedule A, Part III, line 15       16       %         16       D. Computation of Investment Income Percentage       16       %         17       Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))       17       %         18       Investment income percentage from 2021 Schedule A, Part III, line 17       18       %         19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       17         b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       17         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       17   |  |   |                            |                                       |                        |                     |         |                |                 |
| 16       Public support percentage from 2021 Schedule A, Part III, line 15       16       %         Section D. Computation of Investment Income Percentage       17       17       %         17       Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))       17       18         18       19       33       1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       1         b       33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       1         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       1  | Section C. Con                                       | putation of Publi   | ic Support Per             | centage                               |                        |                     |         |                |                 |
| Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))       17       %         18       18       %         19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       1         b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       1         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       1   | 15 Public support                                    | percentage for 2022 (I  | line 8, column (f), d      | ivided by line 13, c                  | olumn (f))             |                     | 15      |                | %               |
| <ul> <li>17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))</li> <li>17 17 18</li> <li>18 19</li> <li>19 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</li> </ul>  |  | <u> </u>  | 1                          | 1                                     |                        |                     | 16      |                | %               |
| <ul> <li>18 Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</li> </ul>  | Section D. Con                                       | nputation of Inves  | stment Income              | e Percentage                          |                        |                     |         |                |                 |
| 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization         b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization         20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions  | 17 Investment inc                                    | ome percentage for 20   | 022 (line 10c, colur       | nn (f), divided by lir                | ne 13, column (f))     |                     | 17      |                | %               |
| more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization   | 18 Investment inc                                    | ome percentage from   | 2021 Schedule A,           | Part III, line 17                     |                        |                     | 18      |                | %               |
| <ul> <li>b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li></ul>  | 19a 33 1/3% suppo                                    | ort tests - 2022. If the  | e organization did n       | ot check the box o                    | on line 14, and line   | 15 is more than 3   | 3 1/3%  | %, and line 17 | 7 is not        |
| <ul> <li>b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li></ul>  | more than 33 1                                       | //3%, check this box a  | nd <b>stop here.</b> The   | organization qualif                   | fies as a publicly s   | upported organiza   | tion    |                |                 |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions   |  |   |                            |                                       |                        |                     |         | n 33 1/3%, a   | nd              |
|   | line 18 is not m                                     | 10re than 33 1/3%, che  | eck this box and <b>st</b> | <b>op here.</b> The organ             | nization qualifies a   | is a publicly suppo | orted o | rganization    |                 |
| 32023 12-09-22 Schedule A (Form 990) 2022   | 20 Private founda                                    | ation. If the organizatic   | on did not check a         | box on line 14, 19a                   | a, or 19b, check th    | is box and see ins  | tructic | ons            |                 |
|   | 32023 12-09-22                                       |   |                            |                                       |                        |                     |         |                | (Form 990) 2022 |

<sup>15</sup> 2022.04010 PHILANTHROPY OHIO

#### PHILANTHROPY OHIO

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

### 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.)

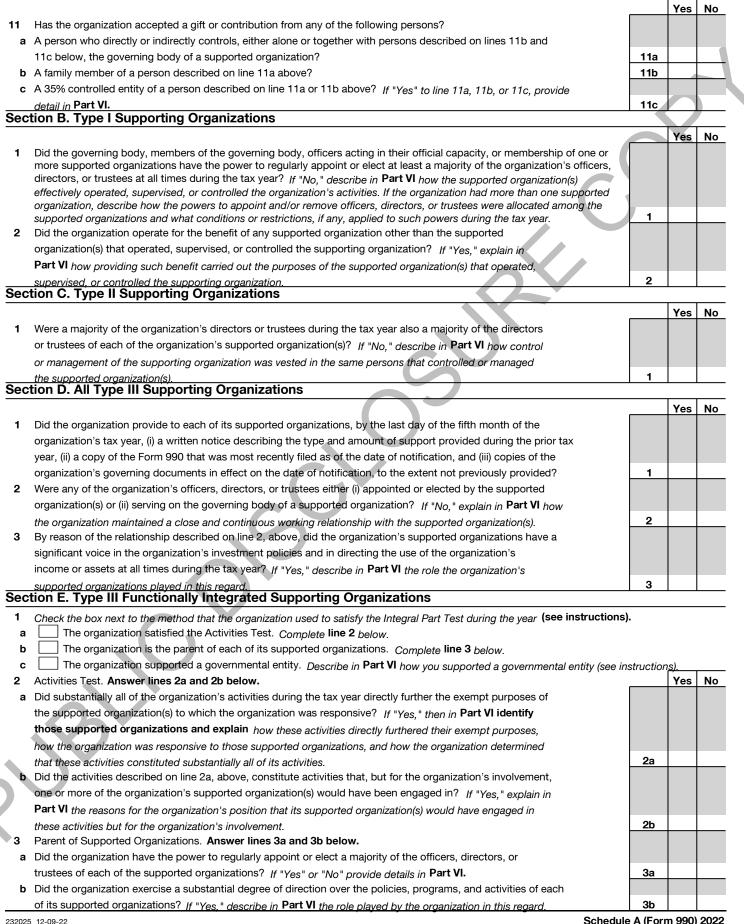
### Section A. All Supporting Organizations

- 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.)

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10b | Schedule A (Form 990) 2022

|         | (Form 990) 2022 | PHILANTHROPY            |
|---------|-----------------|-------------------------|
| Part IV | Supporting Or   | ganizations (continued) |



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Schedule A (Form 990) 2022

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|---|-----------|------------------------------|----------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (                                      | Orga      | nizations                    |                            |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying the                   | rust on   | Nov. 20, 1970 ( explain in I | Part VI). See instructions |
| All other Type III non-functionally integrated supporting organizations must co                         | mplete    | e Sections A through E.      |                            |
| action A Adjusted Nat Income  |           |                              | (B) Current Year           |
| ection A - Adjusted Net Income  |           | (A) Prior Year               | (optional)                 |
| 1 Net short-term capital gain   | 1         |                              |                            |
| 2 Recoveries of prior-year distributions  | 2         |                              |                            |
| 3 Other gross income (see instructions)   | 3         |                              |                            |
| 4 Add lines 1 through 3.  | 4         |                              |                            |
| 5 Depreciation and depletion  | 5         |                              |                            |
| 6 Portion of operating expenses paid or incurred for production or                                      |           |                              |                            |
| collection of gross income or for management, conservation, or  |           |                              |                            |
| maintenance of property held for production of income (see instructions)                                | 6         |                              |                            |
| 7 Other expenses (see instructions)   | 7         |                              |                            |
| Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8         |                              |                            |
| ection B - Minimum Asset Amount   |           | (A) Prior Year               | (B) Current Year           |
|   |           | (4) 1 1101 1 Cal             | (optional)                 |
| 1 Aggregate fair market value of all non-exempt-use assets (see   |           |                              |                            |
| instructions for short tax year or assets held for part of year):                                       |           |                              |                            |
| a Average monthly value of securities   | 1a        |                              |                            |
| b Average monthly cash balances   | 1b        |                              |                            |
| c Fair market value of other non-exempt-use assets  | <u>1c</u> |                              |                            |
| d Total (add lines 1a, 1b, and 1c)  | 1d        |                              |                            |
| e Discount claimed for blockage or other factors  |           |                              |                            |
| (explain in detail in Part VI):   |           |                              |                            |
| 2 Acquisition indebtedness applicable to non-exempt-use assets  | 2         |                              |                            |
| 3 Subtract line 2 from line 1d.   | 3         |                              |                            |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,                           |           |                              |                            |
| see instructions).  | 4         |                              |                            |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)                                      | 5         |                              |                            |
| 6 Multiply line 5 by 0.035.   | 6         |                              |                            |
| 7 Recoveries of prior-year distributions  | 7         |                              |                            |
| 8 Minimum Asset Amount (add line 7 to line 6)   | 8         |                              |                            |
| ection C - Distributable Amount   |           |                              | Current Year               |
| 1 Adjusted net income for prior year (from Section A, line 8, column A)                                 | 1         |                              |                            |
| 2 Enter 0.85 of line 1.   | 2         |                              |                            |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A)                                | 3         |                              |                            |
| 4 Enter greater of line 2 or line 3.  | 4         |                              |                            |
| 5 Income tax imposed in prior year  | 5         |                              |                            |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to                                  |           |                              |                            |
| emergency temporary reduction (see instructions).   | 6         |                              |                            |
| <ul> <li>Check here if the current year is the organization's first as a non-functionally in</li> </ul> |           |                              | nization (soo              |

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|       | dule A (Form 990) 2022 PHILANTHROPY  |                               |                                       |      | 1–1111842 Page 7                          |
|-------|--|-------------------------------|---------------------------------------|------|---|
| Par   | t V Type III Non-Functionally Integrated 509(                                | a)(3) Supporting Orga         | nizations (continu                    | ued) |   |
| Secti | on D - Distributions   |                               |                                       |      | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish exer                   |                               |                                       | 1    |   |
| 2     | Amounts paid to perform activity that directly furthers exemp                | t purposes of supported       |                                       |      |   |
|       | organizations, in excess of income from activity                             |                               |                                       | 2    |   |
| 3     | Administrative expenses paid to accomplish exempt purpose                    | es of supported organizations | 3                                     | 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 ( <i>describe in</i> <b>Part VI</b> ). See instructions. |                               |                                       | 6    |   |
| 7     | Total annual distributions. Add lines 1 through 6.                           |                               |                                       | 7    |   |
| 8     | Distributions to attentive supported organizations to which the              | e organization is responsive  |                                       |      | , i i i i i i i i i i i i i i i i i i i   |
| _     | (provide details in Part VI). See instructions.                              |                               |                                       | 8    |   |
| 9     | Distributable amount for 2022 from Section C, line 6                         |                               |                                       | 9    |   |
| 10    | Line 8 amount divided by line 9 amount                                       | (1)                           | (11)                                  | 10   |   |
| Secti | on E - Distribution Allocations (see instructions)                           | (i)<br>Excess Distributions   | (ii)<br>Underdistributior<br>Pre-2022 | าร   | (iii)<br>Distributable<br>Amount for 2022 |
| 1     | Distributable amount for 2022 from Section C, line 6                         |                               |                                       |      |   |
| 2     | Underdistributions, if any, for years prior to 2022 (reason-                 |                               |                                       |      |   |
|       | able cause required - explain in Part VI). See instructions.                 |                               |                                       |      |   |
| 3     | Excess distributions carryover, if any, to 2022                              |                               |                                       |      |   |
| а     | From 2017  |                               |                                       |      |   |
| b     | From 2018  |                               |                                       |      |   |
| С     | From 2019  |                               |                                       |      |   |
| d     | From 2020  |                               |                                       |      |   |
| е     | From 2021  |                               |                                       |      |   |
| f     | Total of lines 3a through 3e   |                               |                                       |      |   |
| g     | Applied to underdistributions of prior years                                 |                               |                                       |      |   |
| h     | Applied to 2022 distributable amount   |                               |                                       |      |   |
| i     | Carryover from 2017 not applied (see instructions)                           |                               |                                       |      |   |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                       |                               |                                       |      |   |
| 4     | Distributions for 2022 from Section D,<br>line 7: \$                         |                               |                                       |      |   |
| а     | Applied to underdistributions of prior years                                 |                               |                                       |      |   |
|       | Applied to 2022 distributable amount   |                               |                                       |      |   |
|       | Remainder. Subtract lines 4a and 4b from line 4.                             |                               |                                       |      |   |
| 5     | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h                     |                               |                                       |      |   |
|       | and 4b from line 1. For result greater than zero, explain in                 |                               |                                       |      |   |
|       | Part VI. See instructions.   |                               |                                       |      |   |
| 7     | Excess distributions carryover to 2023. Add lines 3j                         |                               |                                       |      |   |
| -     | and 4c.  |                               |                                       |      |   |
| 8     | Breakdown of line 7:   |                               |                                       |      |   |
|       | Excess from 2018   |                               |                                       |      |   |
|       | Excess from 2019   |                               |                                       |      |   |
|       | Excess from 2020   |                               |                                       |      |   |
|       | Excess from 2021   |                               |                                       |      |   |
| е     | Excess from 2022   |                               |                                       | -    |   |
|       |  |                               |                                       | So   | hedule A (Form 990) 2022                  |

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| Bit Network         PHILANTHROPY OHIO           Part VI         Supplemental Information. Provide the explanations required by Part II, lin           Part IV.         Supplemental Information. Provide the explanations required by Part II, lin           Part IV.         Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; P           Iine 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and           Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete (See instructions.) | 31–1111842 Page &<br>ne 10; Part II, line 17a or 17b; Part III, line 12;<br>Part IV, Section B, lines 1 and 2; Part IV, Section C,<br>3b; Part V, line 1; Part V, Section B, line 1e; Part V,<br>this part for any additional information. |
|--|--|
| (See instructions.)  |  |
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232028 12-09-22

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

\*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

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

Employer identification number

2022

| name er me ergamzader   | •  |              |
|-------------------------|--|--------------|
| :                       | PHILANTHROPY OHIO  | 31-1111842   |
| Organization type (chec | k one):  |              |
| Filers of:              | Section:   |              |
| Form 990 or 990-EZ      | $\fbox$ 501(c)( 3 ) (enter number) organization                                  | $\mathbf{O}$ |
|                         | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation | $\sim$       |
|                         | 527 political organization   | $\mathbf{O}$ |
| Form 990-PF             | 501(c)(3) exempt private foundation  |              |
|                         | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |              |
|                         | 501(c)(3) taxable private foundation   | ·            |
|                         |  |              |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

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.

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 for an *exclusively* set.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

| ime of o   | rganization   |                           | Employer identification number   |
|------------|---|---------------------------|--|
| HILAI      | NTHROPY OHIO  |                           | 31-1111842   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.          |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
|            |   | \$133,5                   | Person       X         Payroll       Image: Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>Type of contribution  |
| 2          |   | \$33,9                    | 25.     Person     X       Payroll     Image: Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 3          |   | \$32,1                    | Person       X         Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributior | (d)<br>Type of contribution  |
| 4          |   | \$60,0                    | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributior | (d)<br>Type of contribution  |
| 5          |   | \$46,1                    | Person       X         Payroll       Image: Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributior | (d)<br>ns Type of contribution   |
| 6          |   | \$258,2                   | Person       X         Payroll   |

22

Schedule B (Form 990) (2022)

Page **2** 

|            | 3 (Form 990) (2022)<br>ganization   |                           | Page 2 Employer identification number   |
|------------|---|---------------------------|---|
| HILAN      | THROPY OHIO   |                           | 31-1111842  |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.          |   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio  | (d)<br>ns Type of contribution  |
| 7          |   | \$136,3                   | 04.<br>Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>Type of contribution   |
| 8          |   | \$63,5                    | 97. Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution  |
| (a)        | (b)   | \$<br>(c)                 | Person Payroll October (Complete Part II for noncash contributions.)                      |
| No.        | Name, address, and ZIP + 4  | Total contribution     \$ |   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio  | (d)<br>ns Type of contribution  |
|            |   | \$                        | Person Payroll Payroll (Complete Part II for noncash contributions.)                      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio  | (d)<br>ns Type of contribution  |
|            |   | \$                        | Person Payroll Complete Part II for noncash contributions.)                               |

| lame of or                   | 3 (Form 990) (2022)<br>ganization                                       |  | Page<br>Employer identification number |
|------------------------------|---|--|--|
| HILAN                        | THROPY OHIO   |  | 31-1111842                             |
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is needed                   |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |  |
|                              |   | \$   |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |  |
|                              |   | \$   |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |  |
|                              |   | \$   |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |  |
|                              |   | \$   |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |  |
|                              |   | \$   |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |  |
| _                            |   |  |  |
|                              |   | \$   | Schedule B (Form 990) (202:            |

4000001

| lame of organization  |   |                   | Employer identification number  |
|---|---|-------------------|---|
| PHILANTHROPY OHIO   |   |                   | 31-1111842  |
| Part III Exclusively religious, charitable, etc., contrib<br>from any one contributor. Complete columns<br>completing Part III, enter the total of exclusively religiou<br>Use duplicate copies of Part III if additior | s (a) through (e) and the followin<br>us, charitable, etc., contributions of \$ | ng line entry. Fo | <b>501(c)(7), (8), or (10) that total more than \$1,000 for the year</b><br>or organizations<br>for the year. (Enter this info. once.) \$ |
| (a) No.<br>from (b) Purpose of gift<br>Part I   | (c) Use of g  | gift              | (d) Description of how gift is held   |
|   |   |                   |   |
|   | _   |                   |   |
|   | (e) Transf  | fer of gift       |   |
| Transferee's name, address  | s, and ZIP + 4  |                   | Relationship of transferor to transferee  |
|   |   |                   |   |
|   |   |                   |   |
| a) No.<br>from (b) Purpose of gift<br>Part I  | (c) Use of g  | gift              | (d) Description of how gift is held   |
| · · · · · · · · · · · · · · · · · · ·   |   |                   |   |
|   |   |                   |   |
|   | (e) Transf  | fer of gift       |   |
| <b>T</b>  |   |                   |   |
| Transferee's name, address  | s, and ZIP + 4  |                   | Relationship of transferor to transferee  |
|   |   |                   |   |
| a) No.<br>from (b) Purpose of gift<br>Part I  | (c) Use of g  | gift              | (d) Description of how gift is held   |
|   |   |                   |   |
|   | (e) Transf  | fer of gift       |   |
| Transferee's name, address  | s, and ZIP + 4  |                   | Relationship of transferor to transferee  |
|   |   |                   |   |
|   |   |                   |   |
| a) No.<br>from<br>Part I (b) Purpose of gift  | (c) Use of g  | gift              | (d) Description of how gift is held   |
|   | -   |                   |   |
|   |   |                   |   |
|   | (e) Transf  | fer of gift       |   |
| Transferee's name, address  | s, and ZIP + 4  |                   | Relationship of transferor to transferee  |
|   |   |                   |   |
|   |   |                   |   |
| 3454 11-15-22   | 25  | 1                 | Schedule B (Form 990) (2022)  |

25 2022.04010 PHILANTHROPY OHIO

| SCHEDULE C  | Po                 | olitical Campaign                     | and Lobbyir               | ng Activities                                  | OMB No. 1545-0047                                  |
|---|--------------------|---------------------------------------|---------------------------|--|--|
| (Form 990)  |                    |                                       | -                         | -  | 2022   |
|   | -                  | janizations Exempt From Incor         |                           |  | 2022   |
| Department of the Treasury  | -                  | if the organization is describe       |                           |  | Open to Public                                     |
| Internal Revenue Service  |                    | o to www.irs.gov/Form990 for          |                           |  | Inspection   |
| -   | -                  | n Form 990, Part IV, line 3, or F     |                           | ine 46 (Political Campaign A                   | ctivities), then                                   |
|   |                    | nplete Parts I-A and B. Do not co     | •                         | · Do not complete Dort I D                     |  |
| <ul> <li>Section 501(c) (other</li> <li>Section 527 organization</li> </ul> |                    | 01(c)(3)) organizations: Complete     | e Parts I-A and C below   | /. Do not complete Part I-B.                   |  |
| 0   |                    | n Form 990, Part IV, line 4, or F     | orm 990 E7 Dart VI        | ling 47 (Lobbying Activitios)                  | then   |
| -   |                    | have filed Form 5768 (election u      |                           | ,  |  |
| ()()  |                    | have NOT filed Form 5768 (elect       | ( )/                      |  |  |
|   |                    | n Form 990, Part IV, line 5 (Pro      |                           |  |  |
| Tax) (See separate inst   | -                  |                                       |                           | ,  |  |
| <ul> <li>Section 501(c)(4), (5)</li> </ul>                                  | , or (6) organizat | tions: Complete Part III.             |                           |  |  |
| Name of organization  |                    |                                       |                           | Empl   | oyer identification numbe                          |
|   |                    | HROPY OHIO                            |                           |  | 31-1111842   |
| Part I-A Comple   | ete if the org     | panization is exempt und              | ler section 501(c)        | or is a section 527 org                        | ganization.  |
|   |                    |                                       |                           |  |  |
| 1 Provide a description   | on of the organiz  | zation's direct and indirect polition | cal campaign activities   | in Part IV.                                    |  |
| 2 Political campaign a  | activity expendit  | ures                                  |                           | \$   |  |
| 3 Volunteer hours for   | political campai   | ign activities                        |                           |  |  |
|   |                    |                                       |                           | (0)  |  |
| -   | -                  | panization is exempt und              |                           |  |  |
|   |                    | incurred by the organization une      |                           |  |  |
|   |                    | incurred by organization manag        |                           |  |  |
|   |                    | on 4955 tax, did it file Form 4720    |                           |  |  |
|   |                    |                                       |                           |  | Yes N  |
| b If "Yes," describe in<br>Part I-C Comple                                  |                    | anization is exempt und               | ler section 501(c)        | except section 501(c)                          | (3)  |
| -   |                    | d by the filing organization for se   |                           |  | (0).   |
|   |                    | nization's funds contributed to of    |                           |  |  |
| exempt function ac  |                    |                                       |                           | \$   |  |
| •   |                    | s. Add lines 1 and 2. Enter here a    |                           |  |  |
|   |                    |                                       |                           |  |  |
|   |                    |                                       |                           |  | Yes N  |
| 5 Enter the names, ac   | dresses and en     | nployer identification number (El     |                           |  | the filing organization                            |
| made payments. Fo   | or each organiza   | tion listed, enter the amount pai     | id from the filing organi | ization's funds. Also enter the                | amount of political                                |
|   |                    | omptly and directly delivered to      |                           |  | e segregated fund or a                             |
| political action com  | mittee (PAC). If   | additional space is needed, pro-      | vide information in Par   | t IV.  | 1  |
| <b>(a)</b> Name   |                    | (b) Address                           | (c) EIN                   | (d) Amount paid from                           | (e) Amount of political                            |
|   |                    |                                       |                           | filing organization's funds. If none, enter -0 | contributions received an<br>promptly and directly |
|   |                    |                                       |                           |  | delivered to a separate                            |
|   |                    |                                       |                           |  | political organization.                            |
|   |                    |                                       |                           |  | If none, enter -0                                  |
|   |                    |                                       |                           |  |  |
|   |                    |                                       |                           |  |  |
|   |                    |                                       |                           |  |  |
|   |                    |                                       |                           |  |  |
| $\otimes$   |                    |                                       |                           |  |  |
| $\langle \rangle$   |                    |                                       |                           |  |  |
| S   |                    |                                       |                           |  |  |
| S   |                    |                                       |                           |  |  |
| S   |                    |                                       |                           |  |  |
| S   |                    |                                       |                           |  |  |
|   |                    |                                       |                           |  |  |

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

Schedule C (Form 990) 202

232041 11-08-22

| expenses, and sha  | ation belongs to an affili<br>are of excess lobbying e<br>ation checked box A an | xpenditures).   |                    | group member's name                           | e, address, EIN,                       |
|--|--|---|--------------------|---|--|
| Lim  | its on Lobbying Expen<br>iditures" means amour                                   | ditures   |                    | <b>(a)</b> Filing<br>organization's<br>totals | (b) Affiliated grout<br>totals         |
| 1a Total lobbying expenditures to inf  | luence public opinion (g   | rassroots lobbying)   |                    | 0.  |  |
| <b>b</b> Total lobbying expenditures to inf  | luence a legislative body  | y (direct lobbying)   |                    | 56,243.                                       |  |
| c Total lobbying expenditures (add   |  |   |                    | 56,243.                                       |  |
| d Other exempt purpose expenditur  |  |   |                    | 1,897,747.                                    |  |
| e Total exempt purpose expenditure   |  |   |                    | 1,953,990.<br>247,700.                        |  |
| f Lobbying nontaxable amount. Ent<br>If the amount on line 1e, column (a)  |  | bying nontaxable amo  |                    | 247,700.                                      |  |
| Not over \$500,000   |  | he amount on line 1e.   |                    |   |  |
| Over \$500,000 but not over \$1,00   |  | 0 plus 15% of the exce  | ss over \$500 000  |   |  |
| Over \$1,000,000 but not over \$1,5  |  | 0 plus 10% of the exce  |                    |   |  |
| Over \$1,500,000 but not over \$17   |  | 0 plus 5% of the excess   |                    |   |  |
| Over \$17,000,000  | \$1,000,0  |   |                    |   |  |
|  |  |   |                    |   |  |
| g Grassroots nontaxable amount (er   | nter 25% of line 1f)   |   |                    | 61,925.                                       |  |
| h Subtract line 1g from line 1a. If ze   | ro or less, enter -0   |   |                    | 0.  |  |
| i Subtract line 1f from line 1c. If zer  |  |   |                    | 0.  |  |
| j If there is an amount other than ze  |  | ne 1i, did the organizat  | ion file Form 4720 | Г   | <b>—</b> —                             |
| reporting section 4911 tax for this  |  | raging Period Under S   |                    |   | Yes                                    |
| (Some organizations t  | · · · · ·  | 1(h) election do not h<br>te instructions for line<br>ditures During 4-Year | es 2a through 2f.) | of the five columns be                        | low.                                   |
|  |  |   |                    |   |  |
| Calendar year<br>(or fiscal year beginning in)   | <b>(a)</b> 2019  | <b>(b)</b> 2020   | <b>(c)</b> 2021    | ( <b>d</b> ) 2022                             | <b>(e)</b> Total                       |
|  |  |   |                    |   |  |
|  | 244 700  | 105 (10   | 220 450            |   |  |
| 2a Lobbying nontaxable amount  | 244,789.   | 195,612.  | 230,450.           | 247,700.                                      | 918,55                                 |
| <b>b</b> Lobbying ceiling amount   | 244,789.   | 195,612.  | 230,450.           | 247,700.                                      |  |
|  | 244,789.   | 195,612.  | 230,450.           | 247,700.                                      |  |
| <b>b</b> Lobbying ceiling amount   | 244,789.<br>64,409.  | 195,612.<br>66,074.   | 230,450.           | 247,700.                                      | 1,377,82                               |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))   |  |   |                    |   | 918,553<br>1,377,82<br>255,58<br>61,92 |
| <ul> <li>b Lobbying ceiling amount<br/>(150% of line 2a, column(e))</li> <li>c Total lobbying expenditures</li> <li>d Grassroots nontaxable amount</li> <li>e Grassroots ceiling amount</li> </ul> |  |   |                    | 56,243.                                       | 1,377,82<br>255,58<br>61,92            |
| <ul> <li>b Lobbying ceiling amount<br/>(150% of line 2a, column(e))</li> <li>c Total lobbying expenditures</li> <li>d Grassroots nontaxable amount</li> </ul>                                      |  |   |                    | 56,243.                                       | 1,377,82                               |
| <ul> <li>b Lobbying ceiling amount<br/>(150% of line 2a, column(e))</li> <li>c Total lobbying expenditures</li> <li>d Grassroots nontaxable amount</li> <li>e Grassroots ceiling amount</li> </ul> | 64,409.  |   |                    | 56,243.<br>61,925.                            | 1,377,82<br>255,58<br>61,92            |

 $18020725 \ 758050 \ 4000000 - 181$ 

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| ithe lobbying activity.       Yes         1       During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:       Image: State St    | No          | Amount |
|---|-------------|--------|
| local legislation, including any attempt to influence public opinion on a legislative matter<br>or referendum, through the use of:         a Volunteers?         b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?         c Media advertisements?         d Mailings to members, legislators, or the public?         e Publications, or published or broadcast statements?         f Grants to other organizations for lobbying purposes?         g Direct contact with legislators, their staffs, government officials, or a legislative body?         h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?         i Other activities?         j Total. Add lines to through 1i         2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?         b If "Yes," enter the amount of any tax incurred under section 4912         c If "Yes," enter the amount of any tax incurred under section 4912         d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?         art III-A         Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).         1 Were substantially all (90% or more) dues received nondeductible by members?         2 Did the organization make only in-house lobbying and political campaign activity expenditures from the prior y answered "Yes."         1 Dues, assessments and similar amounts from members  |             |        |
| or referendum, through the use of:  Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total. Add lines 1c through 1i  Data Id di lines 1c through 1i  Total. Add lines 1c through 1i  Total. Add lines 1c through 1i  Complete if the organization is exempt under section 501(c)(3)?  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying and political campaign activity expenditures from the prior or answered "No" C answered "Yes"  Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Cotal  |             |        |
| <ul> <li>a Volunteers?</li> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> <li>d Mailings to members, legislators, or the public?</li> <li>e Publications, or published or broadcast statements?</li> <li>f Grants to other organizations for lobbying purposes?</li> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i Other activities?</li> <li>j Total. Add lines 1c through 1i</li> <li>22 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</li> <li>b If "Yes," enter the amount of any tax incurred under section 4912</li> <li>c If "wes," enter the amount of any tax incurred by organization managers under section 4912</li> <li>c If "wes," enter the amount of any tax incurred by organization managers under section 4912</li> <li>d If the filing organization incurred a section 4912 tax, idd it file Form 4720 for this year?</li> <li>vart III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).</li> <li>1 Were substantially all (90% or more) dues received nondeductible by members?</li> <li>2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior y tart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" C answered "Yes."</li> <li>1 Dues, assessments and similar amounts from members</li> <li>2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ul>  |             |        |
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| <ul> <li>2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior y or art III-B</li> <li>Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes."</li> <li>1 Dues, assessments and similar amounts from members</li> <li>2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ul>   | 1           | Yes No |
| <ul> <li>3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior y art III-B</li> <li>Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes."</li> <li>1 Dues, assessments and similar amounts from members</li> <li>2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ul>  | ······      | 2      |
| Cart III-B       Complete if the organization is exempt under section 501(c)(4), section 501(         501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" C answered "Yes."         1       Dues, assessments and similar amounts from members         2       Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).         a       Current year         b       Carryover from last year         c       Total   | ·····       | 3      |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" C answered "Yes."         1       Dues, assessments and similar amounts from members         2       Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).         a       Current year         b       Carryover from last year         c       Total   | ;)(5), or s |        |
| <ul> <li>2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ul>   |             |        |
| expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total  | 1           | 1      |
| a Current year<br>b Carryover from last year<br>c Total   |             |        |
| b Carryover from last year<br>c Total   |             |        |
| c Total   | 2           | a      |
| c Total   | 2           | b      |
|   |             | c      |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues   |             | 3      |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess   |             |        |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political   | 3           |        |
| expenditures next year?   | 3           | 1      |
| 5 Taxable amount of lobbying and political expenditures. See instructions   | 4           | 5      |
| Part IV Supplemental Information  | 4           |        |

Schedule C (Form 990) 2022

232043 11-08-22

| <b>(Forn</b>  | HEDULE D<br>n 990)<br>ment of the Treasury<br>I Revenue Service | Complete if the orga<br>Part IV, line 6, 7, 8, 9, 10<br>A | al Financial Statements<br>Inization answered "Yes" on Form 990,<br>9, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.<br>Attach to Form 990.<br>10 for instructions and the latest information. | OMB No. 1545-0047               |  |
|---|---|---|---|---------------------------------|--|
| Nam   | e of the organization   |   |   | Employer identification number  |  |
| Par   | rt I Organiza   | PHILANTHROPY OHIO   | d Funds or Other Similar Funds or Ac  | <u>31-1111842</u>               |  |
| Par   |   | n answered "Yes" on Form 990, Part IV, lin                |   | Counts. Complete if the         |  |
|   | organization  |   |   | b) Funds and other accounts     |  |
|   | <b>-</b>  |   |   |                                 |  |
| 1   |   | nd of year  |   |                                 |  |
| 2   |   | f contributions to (during year)                          |   |                                 |  |
| 3   |   | f grants from (during year)                               |   |                                 |  |
| 4   |   | t end of year   |   |                                 |  |
| 5   | -   |   | writing that the assets held in donor advised fund  |                                 |  |
|   |   |   | exclusive legal control?  |                                 |  |
| 6   | •   | <b>c</b>  | dvisors in writing that grant funds can be used or  |                                 |  |
|   |   |   | or donor advisor, or for any other purpose conferri   |                                 |  |
| De  | impermissible priva   |   |   |                                 |  |
| Par   |   |   | ganization answered "Yes" on Form 990, Part IV,   | line 7.                         |  |
| 1   |   | servation easements held by the organization              | · · · · · · · · · · · · · · · · · · ·   |                                 |  |
|   |   | of land for public use (for example, recrea               |   | rically important land area     |  |
|   |   | f natural habitat   | Preservation of a certif  | fied historic structure         |  |
|   |   | of open space   |   |                                 |  |
| 2   |   |   | fied conservation contribution in the form of a cor   |                                 |  |
|   | day of the tax year   |   |   | Held at the End of the Tax Year |  |
| а   | Total number of co  | onservation easements                                     |   | 2a                              |  |
| b   | Total acreage restr   | ricted by conservation easements                          |   | 2b                              |  |
| С   | Number of conserv   | vation easements on a certified historic str              | ucture included in (a)  | 2c                              |  |
| d   | Number of conserv   | vation easements included in (c) acquired a               | after July 25,2006, and not on a  |                                 |  |
|   | historic structure li   | sted in the National Register                             |   | 2d                              |  |
| 3   | Number of conserv   | vation easements modified, transferred, rel               | leased, extinguished, or terminated by the organiz  | zation during the tax           |  |
|   | year  |   |   |                                 |  |
| 4   | Number of states v  | where property subject to conservation eas                | sement is located   |                                 |  |
| 5   | Does the organizat  | tion have a written policy regarding the per              | riodic monitoring, inspection, handling of  |                                 |  |
|   | violations, and enfo  | orcement of the conservation easements it                 | t holds?  | Yes 🗌 No                        |  |
| 6   | Staff and voluntee  | r hours devoted to monitoring, inspecting,                | handling of violations, and enforcing conservation  | n easements during the year     |  |
|   |   | _   |   |                                 |  |
| 7   | Amount of expens  | es incurred in monitoring, inspecting, hand               | lling of violations, and enforcing conservation eas   | ements during the year          |  |
|   |   |   |   |                                 |  |
| 8   | Does each conserv   | vation easement reported on line 2(d) abov                | ve satisfy the requirements of section 170(h)(4)(B)(  | i)                              |  |
|   | and section 170(h)  | (4)(B)(ii)?   |   | Yes No                          |  |
| 9   | In Part XIII, describ   | be how the organization reports conservati                | on easements in its revenue and expense stateme   | ent and                         |  |
|   | balance sheet, and  | d include, if applicable, the text of the footr           | note to the organization's financial statements that  | t describes the                 |  |
|   | organization's acc  | ounting for conservation easements.                       |   |                                 |  |
| Par   |   |   | f Art, Historical Treasures, or Other Si  | imilar Assets.                  |  |
|   | Complete if   | the organization answered "Yes" on Form                   | 1 990, Part IV, line 8.   |                                 |  |
| 1a  | If the organization   | elected, as permitted under FASB ASC 95                   | 68, not to report in its revenue statement and bala   | nce sheet works                 |  |
|   | of art, historical tre  | easures, or other similar assets held for put             | olic exhibition, education, or research in furtheran  | ce of public                    |  |
|   | service, provide in   | Part XIII the text of the footnote to its finan           | ncial statements that describes these items.  |                                 |  |
| b   | If the organization   | elected, as permitted under FASB ASC 95                   | i8, to report in its revenue statement and balance  | sheet works of                  |  |
|   | art, historical treas   | ures, or other similar assets held for public             | exhibition, education, or research in furtherance   | of public service,              |  |
|   | provide the followi   | ng amounts relating to these items:                       |   |                                 |  |
|   | (i) Revenue inclue  | ded on Form 990, Part VIII, line 1                        |   | \$                              |  |
|   | (ii) Assets include   | ed in Form 990, Part X                                    |   | \$                              |  |
| 2   | If the organization   | received or held works of art, historical tre             | asures, or other similar assets for financial gain, p   | provide                         |  |
| the following amounts required to be reported under FASB ASC 958 relating to these items: |   |   |   |                                 |  |
| а   | Revenue included  | on Form 990, Part VIII, line 1                            |   | \$                              |  |
|   | Assets included in  |   |   | •                               |  |
| LHA   | For Paperwork Re  | eduction Act Notice, see the Instruction                  | s for Form 990.   | Schedule D (Form 990) 2022      |  |

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29 2022.04010 PHILANTHROPY OHIO

| _        | edule D (Form 990) 2022 PHILANT   | HROPY OHIO<br>ollections of Art, I | Historical Tre      | easures, or    | Other Simila     | 31-111<br>r Assets |                  |              | ~9       |
|----------|---|------------------------------------|---------------------|----------------|------------------|--------------------|------------------|--------------|----------|
| 3        | Using the organization's acquisition, accessi                                       |                                    |                     |                |                  |                    |                  | ueu)         |          |
| 5        | collection items (check all that apply):  |                                    | neek any of the     | ionowing that  | make significant |                    |                  |              |          |
| а        | Public exhibition   | d                                  |                     | change progra  | m                |                    |                  |              |          |
| b        | Scholarly research  | e [                                |                     |                | 111              |                    |                  |              |          |
|          | Preservation for future generations   | e                                  |                     |                |                  |                    |                  |              |          |
| C<br>⊿   | Ū   | llootions and ovalain he           | wy thay further th  | ha organizatio | n'a avampt purpa | oo in Dort V       |                  |              |          |
| 4        | Provide a description of the organization's co                                      |                                    | -                   | -              |                  |                    |                  |              |          |
| 5        | During the year, did the organization solicit o                                     |                                    |                     | •              |                  |                    | V                |              | 7.       |
| Dai      | to be sold to raise funds rather than to be ma<br>rt IV Escrow and Custodial Arran  |                                    |                     |                |                  |                    | Yes              |              |          |
| r ai     | reported an amount on Form 990, Pa  |                                    | if the organizatio  | on answered "  | res" on Form 990 | U, Part IV, IIr    | 1e 9, or         |              |          |
| 4.0      | •   |                                    | for contribution    | a ar athar and | ata pat ipoludad |                    |                  | Ť            |          |
| 1a       | Is the organization an agent, trustee, custodi                                      |                                    |                     |                |                  |                    | Vaa              |              | ٦.       |
| <b>L</b> | on Form 990, Part X?  |                                    |                     |                |                  |                    | Yes              |              |          |
| b        | If "Yes," explain the arrangement in Part XIII                                      | and complete the follow            | ing table.          |                |                  |                    | Amount           |              |          |
| -        | Designing holeses   |                                    |                     |                |                  |                    | Amount           |              |          |
|          | Beginning balance   |                                    |                     |                |                  |                    |                  |              |          |
|          | Additions during the year   |                                    |                     |                |                  |                    |                  |              |          |
| e        | <b>J J J</b>  |                                    |                     |                |                  | r                  |                  |              |          |
| T        | Ending balance  |                                    |                     |                |                  |                    | Vee              |              |          |
|          | Did the organization include an amount on F   |                                    |                     |                |                  |                    | Yes              |              | ן ן<br>ר |
| _        | If "Yes," explain the arrangement in Part XIII.<br>rt V Endowment Funds. Complete i |                                    |                     |                |                  | <u></u>            |                  |              |          |
| r ai     | rt V Endowment Funds. Complete i  |                                    | (b) Prior year      | (c) Two year   |                  | years back         | (e) Four         | Vooro        | ha       |
|          |   | (a) Current year                   | (b) Phor year       | (C) Two year   | S DACK (U) THEE  | years Dack         | (e) Four         | years        | IJd      |
|          | Beginning of year balance   |                                    |                     |                |                  |                    |                  |              |          |
|          | Contributions   |                                    |                     |                |                  |                    |                  |              |          |
|          | Net investment earnings, gains, and losses  |                                    |                     |                |                  |                    |                  |              |          |
|          | Grants or scholarships  |                                    |                     |                |                  |                    |                  |              |          |
| е        | Other expenditures for facilities   |                                    |                     |                |                  |                    |                  |              |          |
|          | and programs  |                                    |                     |                |                  |                    |                  |              |          |
| f        | Administrative expenses   |                                    |                     | -              |                  |                    |                  |              |          |
| g        | End of year balance   |                                    |                     |                |                  |                    |                  |              |          |
| 2        | Provide the estimated percentage of the curr  |                                    | ne 1g, column (a    | ı)) held as:   |                  |                    |                  |              |          |
| а        | Board designated or quasi-endowment   | %                                  | 6                   |                |                  |                    |                  |              |          |
| b        |   | %                                  |                     |                |                  |                    |                  |              |          |
| С        |   |                                    |                     |                |                  |                    |                  |              |          |
|          | The percentages on lines 2a, 2b, and 2c sho   |                                    |                     |                |                  |                    |                  |              |          |
| 3a       | Are there endowment funds not in the posse  | ssion of the organization          | n that are held a   | nd administer  | ed for the       |                    | г                |              | -        |
|          | organization by:  |                                    |                     |                |                  |                    |                  | Yes          | Ν        |
|          | (i) Unrelated organizations   |                                    |                     |                |                  |                    | 3a(i)            |              |          |
|          | (ii) Related organizations  |                                    |                     |                |                  |                    | 3a(ii)           |              |          |
| b        | If "Yes" on line 3a(ii), are the related organization                               | tions listed as required           | on Schedule R?      |                |                  |                    | 3b               |              |          |
| 4        | Describe in Part XIII the intended uses of the                                      |                                    | ent funds.          |                |                  |                    |                  |              |          |
| Pai      | rt VI Land, Buildings, and Equipm   |                                    |                     |                |                  |                    |                  |              |          |
|          | Complete if the organization answere  | d "Yes" on Form 990, P             | art IV, line 11a. S | See Form 990,  | Part X, line 10. |                    |                  |              |          |
|          | Description of property   | (a) Cost or othe                   |                     | t or other     | (c) Accumulat    |                    | ( <b>d)</b> Booł | k valu       | е        |
|          |   | basis (investmen                   | it) basis           | (other)        | depreciation     | 1                  |                  |              |          |
| 1a       | Land  |                                    |                     |                |                  |                    |                  |              |          |
| b        | Buildings   |                                    |                     |                |                  |                    |                  |              |          |
|          | Leasehold improvements  |                                    |                     | 4,037.         | 80,4             |                    |                  | 3,5          |          |
|          | Equipment   |                                    |                     | 51,124.        | 46,1             |                    |                  | 1,9          |          |
|          |   |                                    | 1 7                 | 1 000          | 13,7             | 21                 | 150              | 3,1          | 55       |
| e        | Other   |                                    | /                   | 1,882.         | , I              | 24.                | <u></u>          | <u>, , ,</u> | 5        |

| Dort VII Invootme       | onto Othor Socurition |          |
|-------------------------|-----------------------|----------|
| Schedule D (Form 990) 2 | 2022 PHILANTHRO       | DPY OHIO |

| (a) Description of security or category (including name of security)  | (b) Book value             | (c) Method of valuation: Cost or end-c | of-year market value       |
|---|----------------------------|--|----------------------------|
| ) Financial derivatives   |                            |  |                            |
| 2) Closely held equity interests  |                            |  |                            |
| ) Other   |                            |  |                            |
| (A)   |                            |  |                            |
| (B)   |                            |  |                            |
| (C)   |                            |  |                            |
| (D)   |                            |  |                            |
| (E)   |                            |  |                            |
| (F)   |                            |  |                            |
| (G)   |                            |  |                            |
| (H)   |                            |  |                            |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)   |                            |  |                            |
| Part VIII Investments - Program Related.  |                            |  |                            |
| Complete if the organization answered "Yes" o   | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13.    |                            |
| (a) Description of investment   | (b) Book value             | (c) Method of valuation: Cost or end-c | of-year market value       |
| (1)   |                            |  |                            |
| (2)   |                            |  |                            |
| (3)   |                            |  |                            |
| (4)   |                            |  |                            |
| (5)   |                            |  |                            |
| (6)   |                            |  |                            |
| (7)   |                            |  |                            |
| (8)   |                            |  |                            |
| (9)   |                            |  |                            |
| tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  |                            |  |                            |
| Part IX Other Assets.   |                            |  |                            |
| Complete if the organization answered "Yes" o   | n Form 990, Part IV, line  | 11d. See Form 990, Part X, line 15.    |                            |
| (a) [   | Description                |  | (b) Book value             |
| (1) OPERATING RIGHT-OF-USE-ASS  | ET                         |  | 181,727.                   |
| (2)   |                            |  | •                          |
| (3)   |                            |  |                            |
| (4)   |                            |  |                            |
| (5)   |                            |  |                            |
| (6)   |                            |  |                            |
|   |                            |  |                            |
| (7)   |                            |  |                            |
|   |                            |  |                            |
|   |                            |  |                            |
|   | 45)                        |  | 101 707                    |
| otal. (Column (b) must equal Form 990, Part X, col. (B) line  | 15.)                       |  | 181,727.                   |
| Part X Other Liabilities.   |                            | · · ·                                  | 181,727.                   |
| vial. (Column (b) must equal Form 990, Part X, col. (B) line         vart X       Other Liabilities.         Complete if the organization answered "Yes" or   |                            | · · ·                                  |                            |
| vial. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" of a complete if the organization of liability   |                            | · · ·                                  | 181,727.<br>(b) Book value |
| <b>Other Liabilities.</b> Complete if the organization answered "Yes" o         (1) Federal income taxes  |                            | · · ·                                  | (b) Book value             |
| Other Liabilities.         Complete if the organization answered "Yes" o         (a) Description of liability         (1) Federal income taxes         (2) OPERATING LEASE LIABILITY  |                            | · · ·                                  |                            |
| tal. (Column (b) must equal Form 990, Part X, col. (B) line         vart X       Other Liabilities.         Complete if the organization answered "Yes" o         (a) Description of liability         (1) Federal income taxes         (2) OPERATING LEASE LIABILITY         (3)               |                            | · · ·                                  | <b>(b)</b> Book value      |
| vtal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" of         (a) Description of liability         (1) Federal income taxes         (2) OPERATING LEASE LIABILITY         (3)         (4) |                            | · · ·                                  | (b) Book value             |
| Art X       Other Liabilities.         Complete if the organization answered "Yes" or (a) Description of liability         (1) Federal income taxes         (2) OPERATING LEASE LIABILITY         (3)         (4)         (5)   |                            | · · ·                                  | (b) Book value             |
| Art X       Other Liabilities.         Complete if the organization answered "Yes" o         (a) Description of liability         (1) Federal income taxes         (2) OPERATING LEASE LIABILITY         (3)         (4)         (5)         (6)  |                            | · · ·                                  | (b) Book value             |
| Other       Liabilities.         Other       Liabilities.         Complete if the organization answered "Yes" o         (a)       Description of liability         (1)       Federal income taxes         (2)       OPERATING         (3)       (4)         (5)       (6)         (7)       (7) |                            | · · ·                                  | (b) Book value             |
| vart X       Other Liabilities.         Complete if the organization answered "Yes" o         (a) Description of liability         (1) Federal income taxes         (2) OPERATING LEASE LIABILITY         (3)         (4)         (5)         (6)   |                            |  | (b) Book value             |
| Art X       Other Liabilities.         Complete if the organization answered "Yes" organization of liability         (1)       Federal income taxes         (2)       OPERATING LEASE LIABILITY         (3)         (4)         (5)         (6)         (7)                                     |                            |  | <b>(b)</b> Book value      |

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

Schedule D (Form 990) 2022

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| Sche | dule D (Form 990) 2022 PHILANTHROPY OHIO   | 31-        | 1111842        | Page 4       |        |              |
|------|--|------------|----------------|--------------|--------|--------------|
| Par  | t XI Reconciliation of Revenue per Audited Financial Statem                      | ents With  | Revenue per Re | eturn.       |        |              |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12        | 2a.        |                |              |        |              |
| 1    | Total revenue, gains, and other support per audited financial statements         |            |                | 1            | 1,671  | <u>,431.</u> |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |            |                |              |        |              |
| а    | Net unrealized gains (losses) on investments                                     |            | -226,776.      | ·            |        |              |
| b    | Donated services and use of facilities   | 2b         |                |              |        |              |
| с    | Recoveries of prior year grants  | 2c         |                |              |        |              |
| d    | Other (Describe in Part XIII.)   | 2d         |                |              |        |              |
| е    | Add lines 2a through 2d  |            |                | 2e           |        | <u>,776.</u> |
| 3    | Subtract line 2e from line 1   |            |                | 3            | 1,898, | <u>,207.</u> |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |            |                |              |        |              |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a         | 7,102.         | <u> </u>     |        |              |
| b    | Other (Describe in Part XIII.)   | 4b         |                |              |        |              |
| С    | Add lines 4a and 4b  |            |                | 4c           |        | <u>,102.</u> |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  | 5          | 1,905,         | <u>,309.</u> |        |              |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Stater                   |            | h Expenses per | Retur        | n.     |              |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12        |            |                |              |        |              |
| 1    | Total expenses and losses per audited financial statements                       |            |                | 1            | 1,946  | <u>,888.</u> |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |            | $\wedge$       |              |        |              |
| а    | Donated services and use of facilities   | 2a         |                | _            |        |              |
| b    | Prior year adjustments   | <b>2</b> b |                | _            |        |              |
| С    | Other losses   |            |                | _            |        |              |
| d    | Other (Describe in Part XIII.)   | 2d         |                |              |        |              |
| е    | Add lines 2a through 2d  |            |                | 2e           |        | 0.           |
| 3    | Subtract line 2e from line 1   |            |                | 3            | 1,946  | <u>,888.</u> |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |            |                |              |        |              |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | <u>4a</u>  | 7,102.         | <u>-</u>     |        |              |
| b    | Other (Describe in Part XIII.)   | 4b         |                |              |        |              |
| С    | Add lines 4a and 4b  |            |                | 4c           |        | ,102.        |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |            |                | 5            | 1,953  | ,990.        |
| Pa   | rt XIII Supplemental Information.  |            |                |              |        |              |

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

| _ |   |
|---|---|
| _ |   |
| _ |   |
| _ |   |
|   |   |
|   |   |
|   | › |
| _ |   |
| _ |   |

232054 09-01-22

| SCHEDULE J<br>(Form 990)  | Compensation Information  | OMB No. 1545-00 |  |  |
|---|---|-----------------|--|--|
| (10111 990)   | For certain Officers, Directors, Trustees, Key Employees, and Highest<br>Compensated Employees  | 2022            |  |  |
|   | Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  | Open to Publ    |  |  |
| Department of the Treasury Attach to Form 990.  |   |                 |  |  |
| Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Employer Employer |   |                 |  |  |
| Nume of the organ   |   | 31-1111842      |  |  |
| Part I Que  | stions Regarding Compensation   |                 |  |  |
|   |   | Yes             |  |  |
| 1a Check the ap   | propriate box(es) if the organization provided any of the following to or for a person listed on Form 990,  |                 |  |  |
|   | ion A, line 1a. Complete Part III to provide any relevant information regarding these items.  |                 |  |  |
|   | ss or charter travel Housing allowance or residence for personal use  | a               |  |  |
|   | r companions Payments for business use of personal residenc   |                 |  |  |
|   | mnification and gross-up payments   |                 |  |  |
|   | onary spending account  | Ð               |  |  |
|   |   |                 |  |  |
| <b>b</b> If any of the b  | poxes on line 1a are checked, did the organization follow a written policy regarding payment or   |                 |  |  |
| •   | nt or provision of all of the expenses described above? If "No," complete Part III to explain   | 1b              |  |  |
|   | ization require substantiation prior to reimbursing or allowing expenses incurred by all directors,   |                 |  |  |
|   | officers, including the CEO/Executive Director, regarding the items checked on line 1a?   | 2               |  |  |
|   |   |                 |  |  |
| 3 Indicate whic   | h, if any, of the following the organization used to establish the compensation of the organization's   |                 |  |  |
|   | ve Director. Check all that apply. Do not check any boxes for methods used by a related organization to   |                 |  |  |
|   |   |                 |  |  |
|   | establish compensation of the CEO/Executive Director, but explain in Part III.  |                 |  |  |
| ·   | Compensation committee Written employment contract  |                 |  |  |
| ·   | dent compensation consultant  |                 |  |  |
| E Form 99   | 0 of other organizations X Approval by the board or compensation commit   | tee             |  |  |
| 4 During the ye   | ar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing   |                 |  |  |
|   | or a related organization:  |                 |  |  |
| e e   | verance payment or change-of-control payment?   | 4a              |  |  |
|   | and the second | 46              |  |  |
|   | or receive payment from a supplemental nonqualitied retirement plan?  | 40<br>40        |  |  |
|   |   | 40              |  |  |
| If "Yes" to an  | y of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |                 |  |  |
| Only costion  | 501(a)(2) $501(a)(4)$ and $501(a)(20)$ argonizations must complete lines 5.0  |                 |  |  |
|   | 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.   |                 |  |  |
|   | isted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  |                 |  |  |
| 0   | n the revenues of:  |                 |  |  |
| a ine organiza  | ion?  | <u>5a</u>       |  |  |
| <b>b</b> Any related c  | rganization?  | <u>5</u> b      |  |  |
|   | e 5a or 5b, describe in Part III.   |                 |  |  |
|   | sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   |                 |  |  |
| -   | n the net earnings of:  |                 |  |  |
| a The organiza  | ion?  | <u>6a</u>       |  |  |
| <b>b</b> Any related c  | rganization?  | 6b              |  |  |
|   | e 6a or 6b, describe in Part III.   |                 |  |  |
|   | isted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments   |                 |  |  |
| not described   | l on lines 5 and 6? If "Yes," describe in Part III  | 7               |  |  |
| 8 Were any am   | ounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  |                 |  |  |
|   | t exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  |                 |  |  |
| initial contrac   |   |                 |  |  |
|   | e 8, did the organization also follow the rebuttable presumption procedure described in   |                 |  |  |

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Schedule J (Form 990) 2022

31-1111842

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

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

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

|                           |              | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |   |   | other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation<br>in column (B)         |
|---------------------------|--------------|--|---|---|----------------|-------------------------|------------------------------------|---|
| (A) Name and Title        |              | (i) Base<br>compensation   | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation   |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) DEBORAH AUBERT THOMAS | (i)          | 143,150.   | 0.  | 0.  | 11,680.        | 0.                      | 154,830.                           | 0.  |
|                           | (ii)         | 0.   | 0.  | 0.  | 0.             | 0.                      | 0.                                 | 0.  |
|                           | (i)          |  |   |   |                |                         |                                    |   |
|                           | (ii)         |  |   |   |                |                         |                                    |   |
|                           | (i)          |  |   |   |                |                         |                                    |   |
|                           | (ii)         |  |   |   |                |                         |                                    |   |
|                           | (i)          |  |   |   |                |                         |                                    |   |
|                           | (ii)         |  |   |   |                |                         |                                    |   |
|                           | (i)          |  |   |   |                |                         |                                    |   |
|                           | (ii)         |  |   |   |                |                         |                                    |   |
|                           | (i)          |  |   |   |                |                         |                                    |   |
|                           | (ii)<br>(ii) |  |   |   |                |                         |                                    |   |
|                           | (i)          |  |   |   |                |                         |                                    |   |
|                           | (ii)<br>(:)  |  |   |   |                |                         |                                    |   |
|                           | (i)<br>(ii)  |  |   |   |                |                         |                                    |   |
|                           | (i)          |  |   |   |                |                         |                                    |   |
|                           | (i)<br>(ii)  |  |   |   |                |                         |                                    |   |
|                           | (i)          |  |   |   |                |                         |                                    |   |
|                           | (ii)         |  |   |   |                |                         |                                    |   |
|                           | (i)          |  |   |   |                |                         |                                    |   |
|                           | (ii)         |  |   |   |                |                         |                                    |   |
|                           | (i)          |  |   |   |                |                         |                                    |   |
|                           | (ii)         |  |   |   |                |                         |                                    |   |
|                           | (i)          |  |   |   |                |                         |                                    |   |
|                           | (ii)         |  |   |   |                |                         |                                    |   |
|                           | (i)          |  |   |   |                |                         |                                    |   |
|                           | (ii)         |  |   |   |                |                         |                                    |   |
|                           | (i)          |  |   |   |                |                         |                                    |   |
|                           | (ii)         |  |   |   |                |                         |                                    |   |
|                           | (i)          |  |   |   |                |                         |                                    |   |
|                           | (ii)         |  |   |   |                |                         |                                    |   |
| 232112 10-18-22           |              |  |   |   |                |                         | Sched                              | ule J (Form 990) 2022                     |

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| Schedule J (Form 990) 2022 PHILANTHROPY OHIO  | 31-1111842                                   | Page 3        |
|---|--|---------------|
| Part III Supplemental Information   |  |               |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete the information of the second | ete this part for any additional information | on.           |
|   |  |               |
|   |  |               |
|   |  |               |
| PART I, LINE 3:   |  |               |
| COMPENSATION FOR THE ORGANIZATION'S CEO IS ESTABLISHED BY THE EXECUTIVE   |  |               |
| COMMITTEE USING COMPENSATION SURVEY DATA AND IS SUBJECT TO APPROVAL BY THE  |  |               |
| ORGANIZATION'S BOARD. COMPENSATION SURVEY DATA IS ALSO USED TO ESTABLISH  |  |               |
| THE COMPENSATION FOR THE ORGANIZATION'S OFFICERS.   |  |               |
|   |  |               |
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|   |  |               |
|   | Schedule J (Fo                               | orm 990) 2022 |
|   |  |               |
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PHILANTHROPY OHIO

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



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PHILANTHROPY OHIO

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THROUGH OUR MEMBER-DRIVEN PUBLIC POLICY COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 6:

PHILANTHROPY OHIO IS AN ASSOCIATION OF FOUNDATIONS, CORPORATE GIVING

PROGRAMS, INDIVIDUALS, UNITED WAYS AND OTHER ORGANIZATIONS ACTIVELY

INVOLVED IN PHILANTHROPY IN OHIO.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS MEET ANNUALLY TO ELECT MEMBERS OF THE ORGANIZATION'S GOVERNING

BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE WHICH PRESENTS

IT TO THE BOARD OF TRUSTEES FOR THEIR REVIEW. A FINAL FILING COPY OF THE

FORM IS PROVIDED TO EACH BOARD MEMBER VIA SECURE WEB PORTAL AND/OR E-MAIL

PRIOR TO ELECTRONIC SUBMISSION OF THE FORM TO THE IRS. THE FORM IS ALSO

DISPLAYED ON THE ORGANIZATION'S WEBSITE, WWW.PHILANTHROPYOHIO.ORG.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF TRUSTEES OF PHILANTHROPY OHIO HAS ADOPTED A CONFLICT OF

INTEREST POLICY THAT APPLIES TO BOARD MEMBERS, STAFF, AND MEMBERS OF A

COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS. ANNUALLY, THESE

INDIVIDUALS SUBMIT A SIGNED COPY OF THE POLICY FORM DISCLOSING ANY ACTUAL

OR POTENTIAL CONFLICTS OF INTEREST. FORMS ARE REVIEWED, AND IN THE EVENT OF

ANY CONFLICT, APPROPRIATE ACTION WOULD BE TAKEN CONSISTENT WITH THE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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 10-28-22
 Schedule O (Form 990) 2022

| Schedule O ( | Form 990 | 2022 |
|--------------|----------|------|
|              |          |      |

Name of the organization

PHILANTHROPY OHIO

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REQUIREMENTS OF THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE ORGANIZATION'S CEO IS ESTABLISHED BY THE EXECUTIVE

COMMITTEE USING COMPENSATION SURVEY DATA AND IS SUBJECT TO APPROVAL BY THE

ORGANIZATION'S BOARD. COMPENSATION SURVEY DATA IS ALSO USED TO ESTABLISH

THE COMPENSATION FOR THE ORGANIZATION'S OFFICERS.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2A:

THE ORGANIZATION'S FINANCIAL STATEMENTS WERE REVIEWED IN THE COURSE OF

PERFORMING THE ANNUAL AUDIT.

FORM 990, PART XII, LINE 2C:

PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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