

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING
DECEMBER 31, 2016

Prepared for	THE TROY FOUNDATION 216 W FRANKLIN ST. TROY, OH 45373
Prepared by	RSM US LLP 2000 W DOROTHY LN DAYTON, OH 45439
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE TROY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 216 W FRANKLIN ST. City or town, state or province, country, and ZIP or foreign postal code TROY, OH 45373	D Employer identification number 31-6018703
	F Name and address of principal officer: MELISSA KLEPTZ SAME AS C ABOVE	E Telephone number (937) 339-8935
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ WWW.THETROYFOUNDATION.ORG	G Gross receipts \$ 15,269,500.
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1924	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
M State of legal domicile: OH		H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE FOR THE COMMUNITY WE SERVE BY PROMOTING PHILANTHROPY AND STEWARDSHIP		
	2 Check this box <input type="checkbox"/> 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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,855,680.	5,504,472.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,812,943.	4,075,736.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,696.	12,865.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,689,319.	9,593,073.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,967,984.	4,922,078.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	335,491.	336,375.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,708.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	443,897.	483,533.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,747,372.	5,741,986.	
19 Revenue less expenses. Subtract line 18 from line 12	941,947.	3,851,087.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	78,640,927.	83,811,872.
	21 Total liabilities (Part X, line 26)	4,371,564.	5,428,979.
	22 Net assets or fund balances. Subtract line 21 from line 20	74,269,363.	78,382,893.

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 complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer MELISSA KLEPTZ, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name KAREN O. CRIM	Preparer's signature
	Firm's name ▶ RSM US LLP	Date
	Firm's address ▶ 2000 W DOROTHY LN DAYTON, OH 45439	Check if self-employed <input type="checkbox"/> PTIN P00368385
		Firm's EIN ▶ 42-0714325
		Phone no. 937 298-0201

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO IMPROVE THE QUALITY OF LIFE FOR THE COMMUNITY WE SERVE BY PROMOTING PHILANTHROPY AND STEWARDSHIP FOR A BETTER TOMORROW.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 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.

4a (Code:) (Expenses \$ 5,160,841. including grants of \$ 4,922,078.) (Revenue \$) IN 2016, THE TROY FOUNDATION PROVIDED NEARLY 1,700 GRANTS IN VARIOUS CATEGORIES INCLUDING ASSISTANCE TO PUBLIC AND PRIVATE EDUCATION INSTITUTIONS, ASSISTANCE FOR PUBLIC HEALTH AND WELFARE, AND ASSISTANCE FOR IMPROVEMENTS OF LIVING CONDITIONS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,160,841.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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 "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: KIM MEIER - (937) 339-8935 216 W FRANKLIN ST., TROY, OH 45373

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WANDA C. LUKENS PRESIDENT GOV BD	1.00 0.10	X		X				0.	0.	0.
(2) BRIAN R. WILLIAMSON VICE PRESIDENT GOV BD	1.00 0.10	X		X				0.	0.	0.
(3) WILLIAM J. FULKER SECRETARY GOV BD (NON-VOTING)	1.00 0.10	X		X				0.	0.	0.
(4) SUSAN BEHM GOV BD/DIST COM - BEG. 5/1/16	1.00 0.10	X						0.	0.	0.
(5) BRENT BLACK GOV BD	1.00 0.10	X						0.	0.	0.
(6) MARK DOUGLAS GOV BD/TTEE COM	1.00 0.10	X						0.	0.	0.
(7) JAMES M. JOHNSON GOV BD	1.00 0.10	X						0.	0.	0.
(8) JESSICA MINESINGER GOV BD	1.00 0.10	X						0.	0.	0.
(9) GREG TAYLOR GOV BD/DIST COM - UNTIL 4/30/16	1.00 0.10	X						0.	0.	0.
(10) MELISSA KLEPTZ EXECUTIVE DIRECTOR	40.00 0.10			X				98,073.	0.	8,532.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	31,944.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,472,528.			
	g Noncash contributions included in lines 1a-1f: \$		1,713,823.			
	h Total. Add lines 1a-1f		5,504,472.			
Program Service Revenue	2 a _____ Business Code					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,838,771.			1,838,771.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	1,950.			
		(ii) Personal				
		b Less: rental expenses		0.		
	c Rental income or (loss)		1,950.			
	d Net rental income or (loss)		1,950.			1,950.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	7,887,712.			
		(ii) Other				
		b Less: cost or other basis and sales expenses		5,650,747.		
		c Gain or (loss)		2,236,965.		
	d Net gain or (loss)		2,236,965.			2,236,965.
	8 a Gross income from fundraising events (not including \$ 31,944. of contributions reported on line 1c). See Part IV, line 18	a	36,595.			
		b Less: direct expenses		25,680.		
c Net income or (loss) from fundraising events		10,915.			10,915.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11	a _____					
	b _____					
	c _____					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			9,593,073.	0.	0.	4,088,601.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,268,386.	4,268,386.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	653,692.	653,692.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	106,605.		79,954.	26,651.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	168,952.		168,952.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,904.		7,904.	
9 Other employee benefits	32,465.		32,465.	
10 Payroll taxes	20,449.		20,449.	
11 Fees for services (non-employees):				
a Management				
b Legal	11,880.		11,880.	
c Accounting	19,700.		19,700.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	238,763.	238,763.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	8,226.		6,169.	2,057.
13 Office expenses	21,780.		21,780.	
14 Information technology	64,601.		64,601.	
15 Royalties				
16 Occupancy	16,608.		16,608.	
17 Travel	2,683.		2,683.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,867.		3,867.	
23 Insurance	6,619.		6,619.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EVENTS	33,062.		33,062.	
b CLEANING & MAINTENANCE	12,534.		12,534.	
c ANNUAL REPORT	9,520.		9,520.	
d MEMBERSHIP DUES	9,178.		9,178.	
e All other expenses	24,512.		24,512.	
25 Total functional expenses. Add lines 1 through 24e	5,741,986.	5,160,841.	552,437.	28,708.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	318,670.	1	415,819.
	2 Savings and temporary cash investments	1,882,252.	2	2,647,307.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 655,057.		
	b Less: accumulated depreciation	10b 6,150.	630,677.	10c 648,907.
	11 Investments - publicly traded securities	75,809,328.	11	80,099,839.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	78,640,927.	16	83,811,872.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,371,564.	25	5,428,979.
	26 Total liabilities. Add lines 17 through 25	4,371,564.	26	5,428,979.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	17,452,179.	27	18,403,523.
	28 Temporarily restricted net assets	50,574,382.	28	51,555,760.
	29 Permanently restricted net assets	6,242,802.	29	8,423,610.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	74,269,363.	33	78,382,893.	
34 Total liabilities and net assets/fund balances	78,640,927.	34	83,811,872.	

Part 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	9,593,073.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,741,986.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,851,087.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74,269,363.
5	Net unrealized gains (losses) on investments	5	262,443.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	78,382,893.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3424566.	2834456.	2808616.	2873945.	5504472.	17446055.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3424566.	2834456.	2808616.	2873945.	5504472.	17446055.
5 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)						3061687.
6 Public support. Subtract line 5 from line 4.						14384368.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	3424566.	2834456.	2808616.	2873945.	5504472.	17446055.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1727492.	1732341.	1796087.	1836131.	1840721.	8932772.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						26378827.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	54.53 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	55.52 %
16a 33 1/3% support test - 2016. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current 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	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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	1c	
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI

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

Horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

THE TROY FOUNDATION

Employer identification number

31-6018703

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization THE TROY FOUNDATION	Employer identification number 31-6018703
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,014,514.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>257,507.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>924,075.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>924,935.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>242,579.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>255,446.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE TROY FOUNDATION	Employer identification number 31-6018703
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>272,526.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>170,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE TROY FOUNDATION	Employer identification number 31-6018703
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	378 SHARES MAINSOURCE FINANCIAL GROUP	\$ 12,383.	12/12/16
2	16 SHARES AUTOZONE	\$ 12,820.	12/12/16
2	1,370 SHARES HOME DEPOT	\$ 185,279.	12/29/16
3	1100.513 SHARES ANCORA/THELEN SMALL-MID CAP	\$ 14,593.	10/05/16
3	150 SHARES NIKE INC.	\$ 7,856.	10/05/16
3	50 SHARES NORTHROP GRUMMAN CORP.	\$ 10,672.	10/05/16

Name of organization THE TROY FOUNDATION	Employer identification number 31-6018703
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	75 SHARES MIDDLEBY CORP.	\$ 9,207.	10/05/16
3	45 SHARES CHUBB LTD.	\$ 5,552.	10/05/16
3	100 SHARES NOVARTIS AG ADR	\$ 7,905.	10/05/16
3	225 SHARES PAYPAL HOLDINGS INC.	\$ 9,153.	10/05/16
3	175 SHARES KINDER MORGAN INC.	\$ 3,943.	10/05/16
3	100 SHARES JP MORGAN & CHASE CO.	\$ 6,744.	10/05/16

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	150 SHARES ISHARES CORE S&P SMALL CAP	\$ 18,626.	10/05/16
3	300 SHARES GLASXOSMITHKLINE PLC ADR	\$ 12,996.	10/05/16
3	150 SHARES SCHLUMBERGER LTD.	\$ 12,002.	10/05/16
3	125 SHARES EXXON MOBIL CORP.	\$ 10,868.	10/05/16
3	100 SHARES EXPRESS SCRIPTS HOLDING CO.	\$ 7,021.	10/05/16
3	150 SHARES E.I. DUPONT DE NEMOURS & CO.	\$ 10,152.	10/05/16

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	75 SHARES WALT DISNEY _____ _____ _____	\$ 6,962.	10/05/16
3	250 SHARES CHURCH & DWIGHT CO. _____ _____ _____	\$ 11,558.	10/05/16
3	100 SHARES ABBVIE, INC. _____ _____ _____	\$ 6,338.	10/05/16
3	100 SHARES MCCORMICK & CO. INC. _____ _____ _____	\$ 9,611.	10/05/16
3	100 SHARES SPDR S&P MIDCAP 400 ETF _____ _____ _____	\$ 28,090.	10/05/16
3	275 SHARES CHARLES SCHWAB CORP. _____ _____ _____	\$ 8,921.	10/05/16

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	150 SHARES HEALTH CARE SELECT SECTOR SPDR	\$ 10,826.	10/05/16
3	150 SHARES NOVO NORDISK A/S ADR	\$ 6,246.	10/05/16
3	100 SHARES INDUSTRIAL SELECT SECTOR SPDR	\$ 5,820.	10/05/16
4	10,000 SHARES ANHEUSER BUSCH INBEV WORLDWIDE SHARES	\$ 11,164.	03/04/16
4	10,000 SHARES WAL-MART STORES INC. SHARES	\$ 10,641.	03/04/16
4	10,000 SHARES NORTHERN TR CORP. SHARES	\$ 10,489.	03/04/16

Name of organization THE TROY FOUNDATION	Employer identification number 31-6018703
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>4</u>	20,000 SHARES PEPSICO INC SHARES	\$ 21,606.	<u>03/04/16</u>
<u>4</u>	15,000 SHARES ALABAMA POWER CO. SHARES	\$ 15,035.	<u>03/04/16</u>
<u>4</u>	10,000 SHARES TOYOTA MTR CRD CORP. MTN SHARES	\$ 10,598.	<u>03/04/16</u>
<u>4</u>	52 SHARES VANGUARD INTL EQUITY SHARES	\$ 2,671.	<u>03/04/16</u>
<u>4</u>	261.416 SHARES VANGUARD/WIN DSOR FD INC II FUND ADML SH SHARES	\$ 15,024.	<u>03/08/16</u>
<u>4</u>	139.569 SHARES FIDELITY INVT. TR ADVISOR INTERNATIONAL DISCOVERY CLASS I SHARES	\$ 5,085.	<u>03/08/16</u>

Name of organization THE TROY FOUNDATION	Employer identification number 31-6018703
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	224.409 SHARES CORNERSTONE ADVISORS FUND INTERNATIONAL EQUITY INSTL. SHARES	\$ 5,220.	03/08/16
4	2795.027 SHARES NUVEEN INVT FDS INC INTERMEDIATE GOVERNMENT BOND CLASS I SHARES	\$ 24,792.	03/08/16
4	71.290 SHARES ROWE T PRICE SMALL CAP STK FD #65 SHARES	\$ 2,633.	03/08/16
4	242.510 SHARES ROWE T PRICE MID CAP VALUE FD #115 SHARES	\$ 6,128.	03/08/16
4	197.433 SHARES ROWE T PRICE INTL FDS INC. GROWTH & INCOME FD SHARES	\$ 2,484.	03/08/16
4	89.540 SHARES ROWE T PRICE MID-CAP GROWTH FD #64 SHARES	\$ 6,232.	03/08/16

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>4</u>	<u>786.055 AMERICAN CENY INVNT TR</u> <u>DIVERSIFIED BOND FD CL I SHARES</u>	\$ <u>8,474.</u>	<u>03/08/16</u>
<u>4</u>	<u>423.103 SHARES PRICE T ROWE GROWTH STK</u> <u>FD INC #40 SHARES</u>	\$ <u>20,635.</u>	<u>03/08/16</u>
<u>4</u>	<u>1,081.690 SHARES BAIRD FDS AGGREGATE</u> <u>BOND FUND INSTL SHARES</u>	\$ <u>11,650.</u>	<u>03/08/16</u>
<u>4</u>	<u>62.946 SHARES NUVEEN INVNT FDS INC</u> <u>INFLATION PROTECTED SECURITIES FUND</u> <u>CLASS I SHARES</u>	\$ <u>695.</u>	<u>03/08/16</u>
<u>4</u>	<u>52.614 SHARES VANGUARD INDEX FDS 500</u> <u>INDEX ADMIR #540 SHARES</u>	\$ <u>9,646.</u>	<u>03/08/16</u>
<u>4</u>	<u>426.409 SHARES VANGUARD INDEX FDS</u> <u>VANGUARD TOTAL STK MKT INDEX FD SHARES</u>	\$ <u>20,962.</u>	<u>03/08/16</u>

Name of organization THE TROY FOUNDATION	Employer identification number 31-6018703
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	91.513 SHARES NUVEEN FDS DIVIDEND VALUE FD CL I SHARES	\$ 1,277.	03/08/16
4	126.470 SHARES NUVEEN FDS REAL ESTATE CL I SHARES	\$ 2,856.	03/08/16
4	52.542 SHARES GLENMEDE SMALL CAP EQUITY SHARES	\$ 1,263.	03/08/16
4	75.551 SHARES COLUMBIA FDS TR VIII INTER BD CORPORATE INC CL Z SHARES	\$ 718.	03/08/16
4	362.697 SHARES CAUSEWAY EMERGING MKTS FD INSTL CL SHARES	\$ 3,380.	03/08/16
4	305.162 SHARES VANGUARD FD INTERNATIONAL GROWTH FD ADM SHARES	\$ 19,570.	03/08/16

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
5	1,000 SHARES MAINSOURCE FINL GROUP 1	\$ 21,500.	07/05/16
5	3,600 SHARES OF GLAXO SMITHKLINE PLC ADR	\$ 156,744.	07/05/16
5	500 SHARES OF ANHEUSER BUSCH INBEV NV ADR	\$ 64,335.	07/05/16
6	300 SHARES ANHEUSER BUSCH INVEB NV ADR	\$ 38,601.	07/05/16
6	300 SHARES ANHEUSER BUSCH INBEV NV ADR	\$ 38,601.	07/05/16
6	3,600 SHARES OF GLAXO SMITHKLINE PLC ADR	\$ 156,744.	07/05/16

Name of organization THE TROY FOUNDATION	Employer identification number 31-6018703
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
6	1,000 SHARES MAINSOURCE FINL GROUP 1 <hr/> <hr/> <hr/>	\$ 21,500.	07/05/16
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization THE TROY FOUNDATION	Employer identification number 31-6018703
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization THE TROY FOUNDATION **Employer identification number** 31-6018703

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	39	205
2 Aggregate value of contributions to (during year)	1,647,440.	4,461,701.
3 Aggregate value of grants from (during year)	2,985,951.	1,452,109.
4 Aggregate value at end of year	16,058,787.	42,924,928.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	37,873,969.	38,427,369.	36,452,293.	37,401,858.	30,015,450.
b Contributions	4,461,701.	1,550,873.	1,220,387.	1,435,558.	2,738,902.
c Net investment earnings, gains, and losses	2,418,282.	-239,325.	2,480,426.	-976,825.	6,127,271.
d Grants or scholarships	1,452,109.	1,440,279.	1,215,870.	945,945.	995,476.
e Other expenditures for facilities and programs					
f Administrative expenses	454,190.	424,669.	509,867.	462,353.	484,289.
g End of year balance	42,847,653.	37,873,969.	38,427,369.	36,452,293.	37,401,858.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 23.01 %
- c Temporarily restricted endowment 76.99 %

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

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

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		627,500.		627,500.
c Leasehold improvements				
d Equipment		27,557.	6,150.	21,407.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				648,907.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENT LIABILITIES	5,428,979.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,428,979.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	9,881,195.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	262,442.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	25,680.
e	Add lines 2a through 2d	2e	288,122.
3	Subtract line 2e from line 1	3	9,593,073.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,593,073.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5,831,625.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	89,639.
e	Add lines 2a through 2d	2e	89,639.
3	Subtract line 2e from line 1	3	5,741,986.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,741,986.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION'S UNRESTRICTED FUNDS ARE EXPENDED FOR CHARITABLE PURPOSES AS DEEMED APPROPRIATE BY THE DISTRIBUTION COMMITTEE OF THE FOUNDATION.

THE ORGANIZATION'S DONOR-ADVISED FUNDS INCLUDE TRUSTS WHICH THE DONOR MAY ADVISE OR APPOINT AN ADVISORY COMMITTEE TO RECOMMEND GRANTS TO THE DISTRIBUTION COMMITTEE. THE ORGANIZATION'S DONOR-DESIGNATED FUNDS INCLUDE ENDOWMENT FUNDS, CLASSIFIED AS PERMANENTLY RESTRICTED, AND, AS SUCH, DISTRIBUTIONS UNDER THESE FUNDS ARE LIMITED TO EARNINGS ON INVESTMENTS HELD BY THE FUNDS. THE ORGANIZATION'S FIELD-OF-INTEREST FUNDS DO NOT COMMIT GIFTS TO ANY PARTICULAR ORGANIZATION. GRANT RECIPIENTS ARE IDENTIFIED BY THE FOUNDATION, WHICH MAY TAKE INTO CONSIDERATION THE SUGGESTIONS OF FUND DONORS.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

INCOME TAX FOOTNOTE FROM THE DECEMBER 31, 2016 CONSOLIDATED AUDITED FINANCIAL STATEMENTS:

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

MANAGEMENT DOES NOT BELIEVE THAT THE AGENCY CONDUCTS ANY ACTIVITIES SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, MANAGEMENT CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE FOUNDATION'S FEDERAL INFORMATION RETURNS ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2013.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE 25,680.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DEPRECIATION EXPENSE INCLUDED ON TF LAND, INC. RETURN 63,959.

FUNDRAISING EXPENSE 25,680.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 89,639.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CHRISTMAS IN THE VILLAGE (event type)	MIAMI EAST ALUMNI FUND (event type)	4 (total number)	(add col. (a) through col. (c))
Revenue	1	18,578.	12,934.	37,027.	68,539.
	2	2,950.	9,506.	19,488.	31,944.
	3	15,628.	3,428.	17,539.	36,595.
Direct Expenses	4	0.	0.	0.	
	5	61.	0.	3,767.	3,828.
	6	1,330.	0.	450.	1,780.
	7	1,223.	2,889.	4,717.	8,829.
	8	1,807.	0.	425.	2,232.
	9	8,107.	0.	904.	9,011.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				10,915.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				
	2				
Direct Expenses	3				
	4				
	5				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization **THE TROY FOUNDATION** Employer identification number **31-6018703**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFRICA ACCESS 2204 QUINTON RD. SILVER SPRING, MD 20910	52-1689732	501(C)(3)	2,500.	0.			GENERAL SUPPORT
AFRICA ACCESS 2204 QUINTON RD. SILVER SPRING, MD 20910	52-1689732	501(C)(3)	5,000.	0.			CABA 16
ALEXANDRIA LIBRARY FOUNDATION 5005 DUKE ST. ALEXANDRIA, VA 22304-2903	54-1875224	501(C)(3)	5,000.	0.			FOR THE 50-50 CAMPAIGN, ALL FOR THE PURCHASE OF YOUNG ADULT BOOKS
BETHEL LOCAL SCHOOLS 7490 SOUTH STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	2,080.	0.			CAMP KERN TRIP - 5TH GRADE
BETHEL LOCAL SCHOOLS 7490 SOUTH STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	2,824.	0.			WEEK OF SERVICE & 21ST CENTURY ART EDUCATION
BETHEL LOCAL SCHOOLS 7490 SOUTH STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	400.	0.			EVENT EXPENSE: ENTERTAINMENT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **100.**
- 3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHEL LOCAL SCHOOLS 7490 SOUTH STATE ROUTE 201 TIPP CITY, OH 45371	31-6000733	501(C)(3)	2,340.	0.			DIGITIZING CLASS PICTURES AND SCIENCE BOOKS
BIG BROTHERS, BIG SISTERS OF THE GREATER MIAMI VALLEY - 22 SOUTH JEFFERSON STREET - DAYTON, OH 45402	31-0641306	501(C)(3)	9,000.	0.			MENTOR TROY
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	2,000.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	100.	0.			ANNUAL CAMPAIGN
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	1,000.	0.			SIDNEY/HOLY ANGELS ENVIRONMENT PROGRAM
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	6,933.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	1,282.	0.			WONDERS OF WILDLIFE LOBBY SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	200.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	6,933.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	614.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	6,933.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	2,829.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	500.	0.			ROBERT HEIDELBERG ANNUAL LECTURE SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	250.	0.			LOBBY RENOVATION PROJECT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	6,933.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	1,000.	0.			SUPPORT FOR YEAR END CAMPAIGN
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	6,933.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	4,250.	0.			MATCHING GIFT PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	150.	0.			NATURE STORYTIME
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	528.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	50,000.	0.			BUILDING & GROUNDS FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	6,933.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	62,000.	0.			BUILDING IMPROVEMENTS
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	3,616.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	200.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	6,933.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	6,933.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	100.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	1,000.	0.			LINCOLN CENTER PROGRAM
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	1,083.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	300.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	1,500.	0.			ART OF NATURE SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	614.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	1,083.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	1,500.	0.			SUMMER CAMP
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	26,000.	0.			OUTREACH VEHICLE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	1,500.	0.			INTERNATIONAL INTERNSHIP PROGRAM
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	2,079.	0.			WILDLIFE AMBASSADOR SIGN PROJECT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	6,933.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	482.	0.			WONDERS OF WILDLIFE LOBBY SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	6,933.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	6,933.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	2,500.	0.			LIFETIME MEMBERSHIP
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	250.	0.			GENERAL SUPPORT
BRUKNER NATURE CENTER 5995 HORSESHOE BEND ROAD TROY, OH 45373	31-0732613	501(C)(3)	6,933.	0.			GENERAL SUPPORT FROM ENDOWMENT FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA/GAL OF MIAMI COUNTY, INC. 405 PUBLIC SQUARE TROY, OH 45373	31-1418130	501(C)(3)	1,735.	0.			CASA CARING TREE 16-11-10
CASA/GAL OF MIAMI COUNTY, INC. 405 PUBLIC SQUARE TROY, OH 45373	31-1418130	501(C)(3)	2,000.	0.			SPONSORSHIP
CASA/GAL OF MIAMI COUNTY, INC. 405 PUBLIC SQUARE TROY, OH 45373	31-1418130	501(C)(3)	670.	0.			REFRIGERATOR FOR VOLUNTEER TRAINING
CASA/GAL OF MIAMI COUNTY, INC. 405 PUBLIC SQUARE TROY, OH 45373	31-1418130	501(C)(3)	811.	0.			UVCC COSMETOLOGY PROGRAM
CASA/GAL OF MIAMI COUNTY, INC. 405 PUBLIC SQUARE TROY, OH 45373	31-1418130	501(C)(3)	100.	0.			SCHOOL SUPPLIES AND NEW SCHOOL CLOTHES
CASA/GAL OF MIAMI COUNTY, INC. 405 PUBLIC SQUARE TROY, OH 45373	31-1418130	501(C)(3)	3,000.	0.			KIDS TRIATHLON SUPPORT
CASA/GAL OF MIAMI COUNTY, INC. 405 PUBLIC SQUARE TROY, OH 45373	31-1418130	501(C)(3)	180.	0.			CAMP REGISTRATION FEE
CASA/GAL OF MIAMI COUNTY, INC. 405 PUBLIC SQUARE TROY, OH 45373	31-1418130	501(C)(3)	200.	0.			SPONSORSHIP - TROY KIDS TRIATHLON (16-5-12-3)
CASA/GAL OF MIAMI COUNTY, INC. 405 PUBLIC SQUARE TROY, OH 45373	31-1418130	501(C)(3)	500.	0.			CASA CARING TREE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC COMMUNITY FOUNDATION FOR THE ARCHDIOCESE OF CINCINNATI, INC. - 100 E 8TH ST - CINCINNATI, OH 45202-2129	46-5162928	501(C)(3)	2,000.	0.			GENERAL SUPPORT
CATHOLIC COMMUNITY FOUNDATION FOR THE ARCHDIOCESE OF CINCINNATI, INC. - 100 E 8TH ST - CINCINNATI, OH 45202-2129	46-5162928	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CENTER FOR NEUROLOGICAL DEVELOPMENT - 78 W. MAIN ST. - BURKETTSVILLE, OH 45310	34-1435371	501(C)(3)	19,800.	0.			CHRISTMAS GIFT IN SUPPORT OF THE BUILDING FUND
CHAMINADE JULIANNE HIGH SCHOOL 505 SOUTH LUDLOW STREET DAYTON, OH 45402	31-0832408	501(C)(3)	781.	0.			SUPPORT FOR THE CUVILLY PROGRAM
CHAMINADE JULIANNE HIGH SCHOOL 505 SOUTH LUDLOW STREET DAYTON, OH 45402	31-0832408	501(C)(3)	5,000.	0.			2016 ANNUAL FUND
CHILD CARE CHOICES, INC. 4817 STATE ROUTE 202 TIPP CITY, OH 45371	31-1212898	501(C)(3)	300.	0.			COMPUTER UPGRADE
CHILD CARE CHOICES, INC. 4817 STATE ROUTE 202 TIPP CITY, OH 45371	31-1212898	501(C)(3)	1,000.	0.			GENERAL SUPPORT
CHILD CARE CHOICES, INC. 4817 STATE ROUTE 202 TIPP CITY, OH 45371	31-1212898	501(C)(3)	1,000.	0.			GENERAL SUPPORT
CHILD CARE CHOICES, INC. 4817 STATE ROUTE 202 TIPP CITY, OH 45371	31-1212898	501(C)(3)	500.	0.			YOGA LADY PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD CARE CHOICES, INC. 4817 STATE ROUTE 202 TIPP CITY, OH 45371	31-1212898	501(C)(3)	2,500.	0.			BRING BACK THE CLASSICS YEAR 2
CITY OF TROY, OHIO 100 SOUTH MARKET STREET TROY, OH 45373	31-6000549	501(C)(3)	1,959.	0.			SUPPORT FOR MAINTENANCE OF VETERANS MEMORIAL PARK
CITY OF TROY, OHIO 100 SOUTH MARKET STREET TROY, OH 45373	31-6000549	501(C)(3)	12,000.	0.			JULY 4, 2017 FIREWORKS
CITY OF TROY, OHIO 100 SOUTH MARKET STREET TROY, OH 45373	31-6000549	501(C)(3)	2,000.	0.			GENERAL SUPPORT
CITY OF TROY, OHIO 100 SOUTH MARKET STREET TROY, OH 45373	31-6000549	501(C)(3)	47,990.	0.			WAYFINDING STRATEGY INITIATIVE
CITY OF TROY, OHIO 100 SOUTH MARKET STREET TROY, OH 45373	31-6000549	501(C)(3)	10,000.	0.			JULY 4TH FIREWORKS
CITY OF TROY, OHIO 100 SOUTH MARKET STREET TROY, OH 45373	31-6000549	501(C)(3)	150,000.	0.			PURCHASE OF PROPERTY FOR DUKE PARK
CLEAR CREEK FARM 1900 SOUTH KUTHER ROAD SIDNEY, OH 45365	31-0982443	501(C)(3)	20,786.	0.			GENERAL SUPPORT
CLEAR CREEK FARM 1900 SOUTH KUTHER ROAD SIDNEY, OH 45365	31-0982443	501(C)(3)	20,786.	0.			GENERAL SUPPORT

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CLEAR CREEK FARM 1900 SOUTH KUTHER ROAD SIDNEY, OH 45365	31-0982443	501(C)(3)	200.	0.			GENERAL SUPPORT
CLEAR CREEK FARM 1900 SOUTH KUTHER ROAD SIDNEY, OH 45365	31-0982443	501(C)(3)	1,000.	0.			GENERAL SUPPORT
COVE SPRINGS CHURCH 5705 WALNUT GROVE ROAD TROY, OH 45373	31-6045446	501(C)(3)	10,000.	0.			GENERAL SUPPORT IMO RICHARD AND SUZANNE WALLACE
COVE SPRINGS CHURCH 5705 WALNUT GROVE ROAD TROY, OH 45373	31-6045446	501(C)(3)	500.	0.			GENERAL SUPPORT
COVE SPRINGS CHURCH 5705 WALNUT GROVE ROAD TROY, OH 45373	31-6045446	501(C)(3)	2,000.	0.			MEMORY OF RIC WALLACE AND JO WALLACE
COVE SPRINGS CHURCH 5705 WALNUT GROVE ROAD TROY, OH 45373	31-6045446	501(C)(3)	831.	0.			ORGAN REPAIRS
COVE SPRINGS CHURCH 5705 WALNUT GROVE ROAD TROY, OH 45373	31-6045446	501(C)(3)	5,000.	0.			GENERAL SUPPORT
DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	25,000.	0.			PATIENT CARE TOWER
DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	1,000.	0.			CARE HOUSE

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DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	2,500.	0.			CAPITAL CAMPAIGN
DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	5,000.	0.			PATIENT TOWER PROJECT
DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	1,000.	0.			CAPITAL CAMPAIGN
DAYTON EARLY COLLEGE ACADEMY 300 COLLEGE PARK DAYTON, OH 45469	26-0463618	501(C)(3)	12,680.	0.			GENERAL SUPPORT
DAYTON PERFORMING ARTS ALLIANCE 126 NORTH MAIN STREET DAYTON, OH 45402	31-6000101	501(C)(3)	800.	0.			GENERAL SUPPORT
DAYTON PERFORMING ARTS ALLIANCE 126 NORTH MAIN STREET DAYTON, OH 45402	31-6000101	501(C)(3)	1,700.	0.			ADVENTURES IN SOUND ENSEMBLE PROGRAM
DAYTON PERFORMING ARTS ALLIANCE 126 NORTH MAIN STREET DAYTON, OH 45402	31-6000101	501(C)(3)	24,135.	0.			MUSIC DISCOVERIES IN TROY CITY SCHOOLS
DOROTHY LOVE RETIREMENT COMMUNITY 3003 WEST CISCO ROAD SIDNEY, OH 45365	34-4429863	501(C)(3)	4,669.	0.			SUPPORT FOR DOROTHY LOVE LIFECARE FUND
DOROTHY LOVE RETIREMENT COMMUNITY 3003 WEST CISCO ROAD SIDNEY, OH 45365	34-4429863	501(C)(3)	3,960.	0.			SUPPORT FOR LIFECARE FUND AND RETIREMENT CENTER

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DOROTHY LOVE RETIREMENT COMMUNITY 3003 WEST CISCO ROAD SIDNEY, OH 45365	34-4429863	501(C)(3)	4,669.	0.			SUPPORT FOR DOROTHY LOVE LIFECARE FUND
DOWNTOWN TIPP CITY PARTNERSHIP 4 EAST MAIN STREET TIPP CITY, OH 45371	26-0530154	501(C)(3)	3,269.	0.			CLOSING FUND
DOWNTOWN TIPP CITY PARTNERSHIP 4 EAST MAIN STREET TIPP CITY, OH 45371	26-0530154	501(C)(3)	172.	0.			10% OF NET PROFITS FROM TIPP TOP SECRET TOUR
DOWNTOWN TIPP CITY PARTNERSHIP 4 EAST MAIN STREET TIPP CITY, OH 45371	26-0530154	501(C)(3)	20.	0.			EVENT EXPENSE: FACEBOOK BOOSTING
DOWNTOWN TIPP CITY PARTNERSHIP 4 EAST MAIN STREET TIPP CITY, OH 45371	26-0530154	501(C)(3)	2,200.	0.			GENERAL SUPPORT
DOWNTOWN TIPP CITY PARTNERSHIP 4 EAST MAIN STREET TIPP CITY, OH 45371	26-0530154	501(C)(3)	1,725.	0.			EAGLES LODGE/JOHN CLARKE HOME FACADE IMPROVEMENT
DREAM BUILDERS GROUP INC./THE CLUBHOUSE - 6759 S. COUNTY ROAD 25A - TIPP CITY, OH 45371	31-1405053	501(C)(3)	500.	0.			CLUBHOUSE SUMMER PROGRAMMING
DREAM BUILDERS GROUP INC./THE CLUBHOUSE - 6759 S. COUNTY ROAD 25A - TIPP CITY, OH 45371	31-1405053	501(C)(3)	13,800.	0.			TROY CLUBHOUSE TEEN INTERNSHIPS
EDISON COMMUNITY COLLEGE FOUNDATION - 1973 EDISON DRIVE - PIQUA, OH 45356	31-1379781	501(C)(3)	1,000.	0.			2016 HOLIDAY EVENING

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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EDISON COMMUNITY COLLEGE FOUNDATION - 1973 EDISON DRIVE - PIQUA, OH 45356	31-1379781	501(C)(3)	500.	0.			GENERAL SUPPORT
EDISON COMMUNITY COLLEGE FOUNDATION - 1973 EDISON DRIVE - PIQUA, OH 45356	31-1379781	501(C)(3)	2,000.	0.			2016 HOLIDAY EVENING
EDISON COMMUNITY COLLEGE FOUNDATION - 1973 EDISON DRIVE - PIQUA, OH 45356	31-1379781	501(C)(3)	50.	0.			ADMINISTRATIVE EXPENSE - COMMUNITY LEADERSHIP CONFERENCE
EDISON COMMUNITY COLLEGE FOUNDATION - 1973 EDISON DRIVE - PIQUA, OH 45356	31-1379781	501(C)(3)	450.	0.			ACADEMY FOR COMMUNITY LEADERSHIP SCHOLARSHIP SUPPORT
EDISON COMMUNITY COLLEGE FOUNDATION - 1973 EDISON DRIVE - PIQUA, OH 45356	31-1379781	501(C)(3)	1,000.	0.			GENERAL SUPPORT
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC./FRANKLIN HOUSE - 16 E. FRANKLIN STREET - TROY, OH 45373	31-0966177	501(C)(3)	250.	0.			MATCHING GIFT PROGRAM
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC./FRANKLIN HOUSE - 16 E. FRANKLIN STREET - TROY, OH 45373	31-0966177	501(C)(3)	1,750.	0.			GENERAL SUPPORT
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC./FRANKLIN HOUSE - 16 E. FRANKLIN STREET - TROY, OH 45373	31-0966177	501(C)(3)	250.	0.			GENERAL SUPPORT
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC./FRANKLIN HOUSE - 16 E. FRANKLIN STREET - TROY, OH 45373	31-0966177	501(C)(3)	1,000.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC./FRANKLIN HOUSE - 16 E. FRANKLIN STREET - TROY, OH 45373	31-0966177	501(C)(3)	1,500.	0.			GENERAL SUPPORT
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC./FRANKLIN HOUSE - 16 E. FRANKLIN STREET - TROY, OH 45373	31-0966177	501(C)(3)	500.	0.			VALENTINE'S DAY SUPPORT
FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC./FRANKLIN HOUSE - 16 E. FRANKLIN STREET - TROY, OH 45373	31-0966177	501(C)(3)	11,806.	0.			EMERGENCY SHELTER ELECTRICAL AND SECURITY IMPROVEMENTS
FAMILY LIFE CENTER OF AUGLAIZE COUNTY - 104 W. SPRING ST. - ST. MARY'S, OH 45885	20-8682268	501(C)(3)	10,000.	0.			CHRISTMAS GIFT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVE. TROY, OH 45373	31-0543279	501(C)(3)	500.	0.			SHARED HARVEST FOOD BANK
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVE. TROY, OH 45373	31-0543279	501(C)(3)	1,000.	0.			TRANSPORTATION PROGRAM
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVE. TROY, OH 45373	31-0543279	501(C)(3)	500.	0.			MATCHING GIFT PROGRAM
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVE. TROY, OH 45373	31-0543279	501(C)(3)	200.	0.			GENERAL SUPPORT
FIRST PLACE FOOD PANTRY, INC. 721 LINCOLN AVE. TROY, OH 45373	31-0543279	501(C)(3)	3,000.	0.			GENERAL SUPPORT

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FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	770.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	1,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	2,829.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	770.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	500.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	770.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	770.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	770.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	770.	0.			GENERAL SUPPORT

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FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	770.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	770.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	2,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	770.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	770.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	770.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 SOUTH WALNUT STREET TROY, OH 45373	31-0549049	501(C)(3)	770.	0.			GENERAL SUPPORT
FIRST UNITED CHURCH OF CHRIST 120 SOUTH MARKET STREET TROY, OH 45373	31-0540158	501(C)(3)	3,800.	0.			GENERAL SUPPORT
FIRST UNITED CHURCH OF CHRIST 120 SOUTH MARKET STREET TROY, OH 45373	31-0540158	501(C)(3)	3,800.	0.			GENERAL SUPPORT

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FIRST UNITED CHURCH OF CHRIST 120 SOUTH MARKET STREET TROY, OH 45373	31-0540158	501(C)(3)	25.	0.			IN MEMORY OF PAULINE FOX
FIRST UNITED CHURCH OF CHRIST 120 SOUTH MARKET STREET TROY, OH 45373	31-0540158	501(C)(3)	8,000.	0.			BACKPACK FOOD PROGRAM
FIRST UNITED CHURCH OF CHRIST 120 SOUTH MARKET STREET TROY, OH 45373	31-0540158	501(C)(3)	2,523.	0.			GENERAL SUPPORT
FIRST UNITED CHURCH OF CHRIST 120 SOUTH MARKET STREET TROY, OH 45373	31-0540158	501(C)(3)	600.	0.			MATCHING GIFT PROGRAM
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	750.	0.			SUPPORT FOR FOOD PANTRY AND CHURCH
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	750.	0.			SUPPORT FOR FOOD PANTRY AND CHURCH
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	750.	0.			SUPPORT FOR FOOD PANTRY AND CHURCH
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	750.	0.			SUPPORT FOR FOOD PANTRY AND CHURCH
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	750.	0.			SUPPORT FOR FOOD PANTRY AND CHURCH

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	750.	0.			SUPPORT FOR FOOD PANTRY AND CHURCH
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	750.	0.			SUPPORT FOR FOOD PANTRY AND CHURCH
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	400.	0.			STAINED GLASS WINDOW PROJECT
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	750.	0.			SUPPORT FOR FOOD PANTRY AND CHURCH
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	50.	0.			IMO DOROTHEA HARTLEY
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	750.	0.			SUPPORT FOR FOOD PANTRY AND CHURCH
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	750.	0.			SUPPORT FOR BUILDING FUND, FOOD PANTRY AND CHURCH
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	750.	0.			SUPPORT FOR FOOD PANTRY AND CHURCH
FIRST UNITED METHODIST CHURCH 110 WEST FRANKLIN STREET TROY, OH 45373	31-0543279	501(C)(3)	750.	0.			SUPPORT FOR FOOD PANTRY AND CHURCH

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FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	40.	0.			IN MEMORY OF DICK WILLIAMS
FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	1,000.	0.			2016 TACC AWARD IHO STEVE AND JAN HAMMAN
FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	4,000.	0.			GENERAL SUPPORT
FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	500.	0.			UTILITY ASSISTANCE
FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	1,200.	0.			MATCHING GIFT PROGRAM
FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	2,000.	0.			FUEL FOR FISH
FISH OF TROY, INC. PO BOX 764 TROY, OH 45373	51-0435875	501(C)(3)	1,250.	0.			GENERAL SUPPORT

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GINGHAMSBURG CHURCH 6759 SOUTH COUNTY ROAD 25A TIPP CITY, OH 45371	31-0808339	501(C)(3)	200.	0.			GENERAL SUPPORT
GINGHAMSBURG CHURCH 6759 SOUTH COUNTY ROAD 25A TIPP CITY, OH 45371	31-0808339	501(C)(3)	11,000.	0.			DAILY MINISTRIES
GINGHAMSBURG CHURCH 6759 SOUTH COUNTY ROAD 25A TIPP CITY, OH 45371	31-0808339	501(C)(3)	5,000.	0.			CHRISTMAS MIRACLE OFFERING
GINGHAMSBURG CHURCH 6759 SOUTH COUNTY ROAD 25A TIPP CITY, OH 45371	31-0808339	501(C)(3)	10,000.	0.			GENERAL FUND
GIVE MEDICAL MINISTRY 1000 MOTE DRIVE COVINGTON, OH 45318	31-1710997	501(C)(3)	2,000.	0.			PURCHASE OF LIFT CHAIRS
GIVE MEDICAL MINISTRY 1000 MOTE DRIVE COVINGTON, OH 45318	31-1710997	501(C)(3)	500.	0.			2016 COVINGTON HEALTH FAIR
GIVE MEDICAL MINISTRY 1000 MOTE DRIVE COVINGTON, OH 45318	31-1710997	501(C)(3)	2,200.	0.			KNEE WALKERS AND LIFT CHAIRS
GIVE MEDICAL MINISTRY 1000 MOTE DRIVE COVINGTON, OH 45318	31-1710997	501(C)(3)	3,500.	0.			OXYGEN CONCENTRATOR & KNEE WALKERS
HABITAT FOR HUMANITY 150 E RACE STREET TROY, OH 45373	31-1352522	501(C)(3)	15,000.	0.			RESTORE RELOCATION

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HABITAT FOR HUMANITY 150 E RACE STREET TROY, OH 45373	31-1352522	501(C)(3)	50.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY 150 E RACE STREET TROY, OH 45373	31-1352522	501(C)(3)	200.	0.			MATCHING GIFT PROGRAM
HABITAT FOR HUMANITY 150 E RACE STREET TROY, OH 45373	31-1352522	501(C)(3)	1,500.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	500.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	2,000.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	3,000.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	747.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	1,000.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	2,529.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	30,000.	0.			GENERAL OPERATING
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	250.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	2,000.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	16,031.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	30,000.	0.			ON-GOING OPERATIONAL EXPENSES
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	250.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	1,680.	0.			MATCHING GIFT PROGRAM
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	1,000.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	600.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	3,000.	0.			GENERAL SUPPORT
HEALTH PARTNERS FREE CLINIC 1300 N. CO. RD. 25A TROY, OH 45373	31-1596731	501(C)(3)	200.	0.			GENERAL SUPPORT
HONOR FLIGHT DAYTON, INC. 200 CANARY CT. ENON, OH 45323	27-2186914	501(C)(3)	20,000.	0.			THE TROY FOUNDATION/CONCORD TOWNSHIP/MIAMI COUNTY HONOR FLIGHT
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	1,500.	0.			MEMORY OF RIC WALLACE AND JO WALLACE
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	614.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	21,660.	0.			CONFERENCE ROOM UPGRADES
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	8,398.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	1,099.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	221.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	750.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	528.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	614.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	2,829.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	882.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	4,650.	0.			MATCHING GIFT PROGRAM
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	500.	0.			CAMP COURAGEOUS
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	750.	0.			GENERAL SUPPORT
HOSPICE OF MIAMI COUNTY, INC. P.O. BOX 502 TROY, OH 45373	31-1031277	501(C)(3)	1,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS READ NOW, INC. 110 FOSS WAY TROY, OH 45373	45-3504550	501(C)(3)	5,000.	0.			GENERAL SUPPORT
KIDS READ NOW, INC. 110 FOSS WAY TROY, OH 45373	45-3504550	501(C)(3)	7,500.	0.			SUPPORT OF PS5, THE ELLEN LURIE SCHOOL 2016 SUMMER READING PROGRAM
KIDS READ NOW, INC. 110 FOSS WAY TROY, OH 45373	45-3504550	501(C)(3)	5,000.	0.			GENERAL SUPPORT
KIDS READ NOW, INC. 110 FOSS WAY TROY, OH 45373	45-3504550	501(C)(3)	60,000.	0.			GENERAL SUPPORT
KIDS READ NOW, INC. 110 FOSS WAY TROY, OH 45373	45-3504550	501(C)(3)	18,000.	0.			2016 SUMMER READING PROGRAM
KIDS READ NOW, INC. 110 FOSS WAY TROY, OH 45373	45-3504550	501(C)(3)	15,000.	0.			GENERAL SUPPORT
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	12,000.	0.			GENERAL SUPPORT
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	150.	0.			LEHMAN ATHLETIC BOOSTERS
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	6,270.	0.			STEM+MM INNOVATIVE INITIATIVE FOR THE 21ST CENTURY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	1,000.	0.			CAFETERIA RENOVATION
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	10,000.	0.			LEARN, LIVE, LOVE LEHMAN HIGH SCHOOL SCHOLARSHIPS
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	1,000.	0.			ANNUAL FUND SUPPORT
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	10,000.	0.			ANNUAL FUND SUPPORT
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	1,500.	0.			GENERAL SUPPORT
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	1,000.	0.			TUITION ASSISTANCE PROGRAM
LEHMAN CATHOLIC HIGH SCHOOL 2400 ST. MARYS AVENUE SIDNEY, OH 45365	34-1055864	501(C)(3)	468.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,243.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,243.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,243.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	2,800.	0.			MATCHING GIFT PROGRAM
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	127.	0.			YOUTH CAMP FEE
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,243.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	500.	0.			BACK TO SCHOOL BASH
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,243.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	1,000.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,243.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	1,680.	0.			SUMMER LUNCH PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	25,584.	0.			AFTERSCHOOL ENRICHMENT PROGRAM
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	7,100.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,243.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	1,000.	0.			GOLD SPONSORSHIP 2016
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,243.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,243.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	498.	0.			OUTDOOR ENRICHMENT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	15,000.	0.			BENEFITS, COMPENSATION, AND PROGRAM SUPPORT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	160.	0.			REIMBURSEMENT - TROY TRACK GEAR
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	50,000.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,243.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,243.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
LINCOLN COMMUNITY CENTER 110 ASH STREET TROY, OH 45373	31-0584315	501(C)(3)	6,243.	0.			GENERAL SUPPORT FOR RECREATIONAL ACTIVITIES
MAPLE TREE CANCER ALLIANCE 425 N. FINDLAY ST. DAYTON, OH 45404	27-4113397	501(C)(3)	7,500.	0.			EXERCISE AND NUTRITION PLAN FOR CANCER SURVIVORS
MIAMI COUNTY AGRICULTURAL SOCIETY 650 N. COUNTY RD. 25A TROY, OH 45373	31-0512071	501(C)(3)	10,000.	0.			MIAMI COUNTY FAIR CONCERT
MIAMI COUNTY CHILDREN'S SERVICES 510 WEST WATER ST. TROY, OH 45373	31-6000055	501(C)(3)	500.	0.			AAU B-BALL FEE AND ENRICHMENT ACTIVITIES
MIAMI COUNTY CHILDREN'S SERVICES 510 WEST WATER ST. TROY, OH 45373	31-6000055	501(C)(3)	600.	0.			WASHINGTON DC TRIP SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI COUNTY CHILDREN'S SERVICES 510 WEST WATER ST. TROY, OH 45373	31-6000055	501(C)(3)	565.	0.			BEDS FOR CHILDREN IN NEED - CASE NUMBER 16-007
MIAMI COUNTY CHILDREN'S SERVICES 510 WEST WATER ST. TROY, OH 45373	31-6000055	501(C)(3)	680.	0.			TRAVEL EXPENSES (16-5-12-1) AND BAND CAMP (16-5-12-2)
MIAMI COUNTY CHILDREN'S SERVICES 510 WEST WATER ST. TROY, OH 45373	31-6000055	501(C)(3)	100.	0.			PURCHASE OF BIKE
MIAMI COUNTY CHILDREN'S SERVICES 510 WEST WATER ST. TROY, OH 45373	31-6000055	501(C)(3)	488.	0.			BOOST UP AND READING READINESS PROGRAM
MIAMI COUNTY CHILDREN'S SERVICES 510 WEST WATER ST. TROY, OH 45373	31-6000055	501(C)(3)	565.	0.			TWO TWIN BEDS
MIAMI COUNTY CHILDREN'S SERVICES 510 WEST WATER ST. TROY, OH 45373	31-6000055	501(C)(3)	1,000.	0.			COMMUNITY CHRISTMAS PROGRAM 16-10-15-1
MIAMI COUNTY CHILDREN'S SERVICES 510 WEST WATER ST. TROY, OH 45373	31-6000055	501(C)(3)	1,350.	0.			CHRISTMAS PARTY FOR FOSTER YOUTH 16-10-15-2
MIAMI COUNTY CONTINUUM OF CARE - RIDES TO WORK - 7695 S. COUNTY ROAD 25A - TIPP CITY, OH 45371	27-2135208	501(C)(3)	17,000.	0.			RIDES TO WORK
MIAMI COUNTY CONTINUUM OF CARE - RIDES TO WORK - 7695 S. COUNTY ROAD 25A - TIPP CITY, OH 45371	27-2135208	501(C)(3)	1,500.	0.			WEBSITE DESIGN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI COUNTY DENTAL CLINIC 1364 W. MAIN ST. TROY, OH 45373	20-4901192	501(C)(3)	1,900.	0.			GENERAL SUPPORT
MIAMI COUNTY DENTAL CLINIC 1364 W. MAIN ST. TROY, OH 45373	20-4901192	501(C)(3)	3,000.	0.			GENERAL SUPPORT
MIAMI COUNTY DENTAL CLINIC 1364 W. MAIN ST. TROY, OH 45373	20-4901192	501(C)(3)	2,000.	0.			GENERAL SUPPORT
MIAMI COUNTY DENTAL CLINIC 1364 W. MAIN ST. TROY, OH 45373	20-4901192	501(C)(3)	33,120.	0.			THE OHIO STATE COLLEGE OF DENTISTRY STUDENT INTERNSHIP PARTNERSHIP
MIAMI COUNTY DENTAL CLINIC 1364 W. MAIN ST. TROY, OH 45373	20-4901192	501(C)(3)	500.	0.			TRAVELING SMILES
MIAMI COUNTY DENTAL CLINIC 1364 W. MAIN ST. TROY, OH 45373	20-4901192	501(C)(3)	2,528.	0.			GENERAL SUPPORT
MIAMI COUNTY DENTAL CLINIC 1364 W. MAIN ST. TROY, OH 45373	20-4901192	501(C)(3)	150.	0.			DENTAL WORK - KATELYN GASSON
MIAMI COUNTY DENTAL CLINIC 1364 W. MAIN ST. TROY, OH 45373	20-4901192	501(C)(3)	250.	0.			GENERAL SUPPORT
MIAMI COUNTY DENTAL CLINIC 1364 W. MAIN ST. TROY, OH 45373	20-4901192	501(C)(3)	1,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI COUNTY DENTAL CLINIC 1364 W. MAIN ST. TROY, OH 45373	20-4901192	501(C)(3)	250.	0.			GENERAL SUPPORT
MIAMI COUNTY DENTAL CLINIC 1364 W. MAIN ST. TROY, OH 45373	20-4901192	501(C)(3)	150.	0.			GENERAL SUPPORT
MIAMI COUNTY DENTAL CLINIC 1364 W. MAIN ST. TROY, OH 45373	20-4901192	501(C)(3)	200.	0.			GENERAL SUPPORT
MIAMI COUNTY DENTAL CLINIC 1364 W. MAIN ST. TROY, OH 45373	20-4901192	501(C)(3)	400.	0.			MATCHING GIFT PROGRAM
MIAMI COUNTY DENTAL CLINIC 1364 W. MAIN ST. TROY, OH 45373	20-4901192	501(C)(3)	1,500.	0.			GENERAL SUPPORT
MIAMI COUNTY HEALTH DEPARTMENT 510 W. WATER STREET TROY, OH 45373	31-6000055	501(C)(3)	4,000.	0.			GENERAL SUPPORT
MIAMI COUNTY HEALTH DEPARTMENT 510 W. WATER STREET TROY, OH 45373	31-6000055	501(C)(3)	2,000.	0.			EDUCATION PROGRAMS
MIAMI COUNTY PARK DISTRICT 2645 E ST. RT. 41 TROY, OH 45373	31-6000055	501(C)(3)	10,000.	0.			SCIENCE ALIVE! HUG THE EARTH WITH THE BANANA SLUG STRING BAND
MIAMI COUNTY PARK DISTRICT 2645 E ST. RT. 41 TROY, OH 45373	31-6000055	501(C)(3)	2,000.	0.			HIGH ADVENTURE INITIATIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI COUNTY RECOVERY COUNCIL 1059 NORTH MARKET STREET TROY, OH 45373	31-0917327	501(C)(3)	1,200.	0.			LIFESKILLS TRAINING IN TIPPECANOE HIGH SCHOOL
MIAMI COUNTY RECOVERY COUNCIL 1059 NORTH MARKET STREET TROY, OH 45373	31-0917327	501(C)(3)	40,000.	0.			SOCIAL DETOX PROGRAM
MIAMI COUNTY RECOVERY COUNCIL 1059 NORTH MARKET STREET TROY, OH 45373	31-0917327	501(C)(3)	25,000.	0.			SOCIAL DETOX PROGRAM
MIAMI COUNTY YMCA 223 WEST HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	5,050.	0.			MATCHING GIFT PROGRAM
MIAMI COUNTY YMCA 223 WEST HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	2,106.	0.			SUPPORT FOR GROUNDS MAINTENANCE
MIAMI COUNTY YMCA 223 WEST HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	4,281.	0.			SUPPORT FOR MEMBERSHIP FUND
MIAMI COUNTY YMCA 223 WEST HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	1,500.	0.			GENERAL SUPPORT
MIAMI COUNTY YMCA 223 WEST HIGH STREET PIQUA, OH 45356	31-0537179	501(C)(3)	100.	0.			GENERAL SUPPORT
MIAMI COUNTY YMCA ROBINSON BRANCH 3060 S. COUNTY ROAD 25A TROY, OH 45373	31-0537179	501(C)(3)	20,000.	0.			LED DISPLAY SIGN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI EAST ATHLETIC DEPARTMENT 3925 N STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	2,500.	0.			JOHN DEERE TX GATOR
MIAMI EAST ATHLETIC DEPARTMENT 3925 N STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	1,343.	0.			DUMBBELL RACKS
MIAMI EAST ATHLETIC DEPARTMENT 3925 N STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	987.	0.			COVER MS SURGE PAD BLUE
MIAMI EAST ATHLETIC DEPARTMENT 3925 N STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	3,250.	0.			TOURNAMENT DEMO MAT
MIAMI EAST ATHLETIC DEPARTMENT 3925 N STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	4,000.	0.			SHOOT A WAY FOR BOYS AND GIRLS BK PROGRAMS
MIAMI EAST ATHLETIC DEPARTMENT 3925 N STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	700.	0.			BREAKING 80 IS500 GOLF RANGE
MIAMI EAST ATHLETIC DEPARTMENT 3925 N STATE ROUTE 589 CASSTOWN, OH 45312	31-6007688	501(C)(3)	826.	0.			ADMINISTRATIVE EXPENSE: ETCHING CHARGE
MIAMI VALLEY COUNCIL BOY SCOUTS OF AMERICA - 7285 POE AVE. - DAYTON, OH 45414	31-0537124	501(C)(3)	10,000.	0.			TROY SCOUTING
MIAMI VALLEY COUNCIL BOY SCOUTS OF AMERICA - 7285 POE AVE. - DAYTON, OH 45414	31-0537124	501(C)(3)	569.	0.			SUPPORT FOR ST. PARIS COMMUNITY PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI VALLEY COUNCIL BOY SCOUTS OF AMERICA - 7285 POE AVE. - DAYTON, OH 45414	31-0537124	501(C)(3)	500.	0.			MATCHING GIFT PROGRAM
MIAMI VALLEY COUNCIL BOY SCOUTS OF AMERICA - 7285 POE AVE. - DAYTON, OH 45414	31-0537124	501(C)(3)	618.	0.			BENEFIT SCOUTS WITHIN BOUNDARIES OF TROY SCHOOL SYSTEM
NEEDY BASKETS 330-A SOUTH FIFTH STREET TIPP CITY, OH 45371	31-1190924	501(C)(3)	4,000.	0.			GENERAL SUPPORT
NEEDY BASKETS 330-A SOUTH FIFTH STREET TIPP CITY, OH 45371	31-1190924	501(C)(3)	5,002.	0.			CHRISTMAS BASKET PROGRAM
NEW CREATION COUNSELING CENTER 7695 SOUTH COUNTY RD. 25A TIPP CITY, OH 45371	31-1409864	501(C)(3)	3,000.	0.			PSYCHIATRIC SERVICES IN TIPP CITY AREA
NEW CREATION COUNSELING CENTER 7695 SOUTH COUNTY RD. 25A TIPP CITY, OH 45371	31-1409864	501(C)(3)	500.	0.			MATCHING GIFT PROGRAM
NEW CREATION COUNSELING CENTER 7695 SOUTH COUNTY RD. 25A TIPP CITY, OH 45371	31-1409864	501(C)(3)	8,000.	0.			COMMUNITY PSYCHIATRY PROGRAM
OHIO CITIZEN ACTION EDUCATION FUND 203 EAST MAIN STREET TROY, OH 45373	34-1208940	501(C)(3)	321.	0.			STOP THE PIT CAMPAIGN SIGNS
OHIO CITIZEN ACTION EDUCATION FUND 203 EAST MAIN STREET TROY, OH 45373	34-1208940	501(C)(3)	364.	0.			ADMINISTRATIVE EXPENSE - SIGNS FOR STOP THE PIT CAMPAIGN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO CITIZEN ACTION EDUCATION FUND 203 EAST MAIN STREET TROY, OH 45373	34-1208940	501(C)(3)	737.	0.			TROY TRIBUNE ADVERTISING
OHIO CITIZEN ACTION EDUCATION FUND 203 EAST MAIN STREET TROY, OH 45373	34-1208940	501(C)(3)	737.	0.			ADVERTISING IN THE TROY TRIBUNE
OHIO CITIZEN ACTION EDUCATION FUND 203 EAST MAIN STREET TROY, OH 45373	34-1208940	501(C)(3)	151.	0.			ADMINISTRATIVE EXPENSE: FLYERS
OHIO CITIZEN ACTION EDUCATION FUND 203 EAST MAIN STREET TROY, OH 45373	34-1208940	501(C)(3)	22,631.	0.			LEGAL FEES - STOP THE PIT
OHIO CITIZEN ACTION EDUCATION FUND 203 EAST MAIN STREET TROY, OH 45373	34-1208940	501(C)(3)	1,503.	0.			ADMINISTRATIVE EXPENSE - YARD SIGNS
OHIO CITIZEN ACTION EDUCATION FUND 203 EAST MAIN STREET TROY, OH 45373	34-1208940	501(C)(3)	737.	0.			ADMINISTRATIVE EXPENSE: TROY TRIBUNE ADVERTISING
OHIO CITIZEN ACTION EDUCATION FUND 203 EAST MAIN STREET TROY, OH 45373	34-1208940	501(C)(3)	782.	0.			ADMINISTRATIVE EXPENSE - STOP THE PIT
OHIO COUNCIL OF DELIBERATION SCHOLARSHIP FUND - DEPUTY OF THE ORIENT OF OHIO - CINCINNATI, OH 45213-2023	32-0247237	501(C)(10)	29,094.	0.			PERLEMA AND GRACE SEWELL SCHOLARSHIP
OVERFIELD EARLY CHILDHOOD PROGRAM, INC. - 172 SOUTH RIDGE AVENUE - TROY, OH 45373	31-1088546	501(C)(3)	500.	0.			COMMUNITY GALA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OVERFIELD EARLY CHILDHOOD PROGRAM, INC. - 172 SOUTH RIDGE AVENUE - TROY, OH 45373	31-1088546	501(C)(3)	2,000.	0.			ANNUAL FUND
OVERFIELD EARLY CHILDHOOD PROGRAM, INC. - 172 SOUTH RIDGE AVENUE - TROY, OH 45373	31-1088546	501(C)(3)	1,000.	0.			ANNUAL FUND
OVERFIELD EARLY CHILDHOOD PROGRAM, INC. - 172 SOUTH RIDGE AVENUE - TROY, OH 45373	31-1088546	501(C)(3)	1,500.	0.			ANNUAL FUND SUPPORT
OVERFIELD EARLY CHILDHOOD PROGRAM, INC. - 172 SOUTH RIDGE AVENUE - TROY, OH 45373	31-1088546	501(C)(3)	8,750.	0.			QUARTERLY GENERAL SUPPORT
OVERFIELD EARLY CHILDHOOD PROGRAM, INC. - 172 SOUTH RIDGE AVENUE - TROY, OH 45373	31-1088546	501(C)(3)	8,750.	0.			GENERAL SUPPORT
OVERFIELD EARLY CHILDHOOD PROGRAM, INC. - 172 SOUTH RIDGE AVENUE - TROY, OH 45373	31-1088546	501(C)(3)	2,100.	0.			MATCHING GIFT PROGRAM
OVERFIELD EARLY CHILDHOOD PROGRAM, INC. - 172 SOUTH RIDGE AVENUE - TROY, OH 45373	31-1088546	501(C)(3)	8,750.	0.			QUARTERLY GENERAL SUPPORT
OVERFIELD EARLY CHILDHOOD PROGRAM, INC. - 172 SOUTH RIDGE AVENUE - TROY, OH 45373	31-1088546	501(C)(3)	8,750.	0.			QUARTERLY GENERAL SUPPORT
OVERFIELD TAVERN MUSEUM 121 EAST WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	4,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OVERFIELD TAVERN MUSEUM 121 EAST WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	4,000.	0.			QUARTERLY GENERAL SUPPORT
OVERFIELD TAVERN MUSEUM 121 EAST WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	4,000.	0.			QUARTERLY GENERAL SUPPORT
OVERFIELD TAVERN MUSEUM 121 EAST WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	4,000.	0.			QUARTERLY GENERAL SUPPORT
OVERFIELD TAVERN MUSEUM 121 EAST WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	2,000.	0.			PROGRESSIVE PUBLICITY FOR OUR LOCAL HISTORY (PHASE V)
OVERFIELD TAVERN MUSEUM 121 EAST WATER STREET TROY, OH 45373	31-1337433	501(C)(3)	2,000.	0.			PROGRESSIVE PUBLICITY FOR OUR LOCAL HISTORY (PHASE IV)
PARTNERS IN HOPE 116 W. FRANKLIN STREET TROY, OH 45373	31-1305869	501(C)(3)	3,000.	0.			GENERAL SUPPORT
PARTNERS IN HOPE 116 W. FRANKLIN STREET TROY, OH 45373	31-1305869	501(C)(3)	500.	0.			GENERAL SUPPORT
PARTNERS IN HOPE 116 W. FRANKLIN STREET TROY, OH 45373	31-1305869	501(C)(3)	689.	0.			2015 SHOES FOR PRESCHOOL CHRISTMAS PROGRAM
PARTNERS IN HOPE 116 W. FRANKLIN STREET TROY, OH 45373	31-1305869	501(C)(3)	2,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS IN HOPE 116 W. FRANKLIN STREET TROY, OH 45373	31-1305869	501(C)(3)	3,000.	0.			MATCHING GIFT PROGRAM
PARTNERS IN HOPE 116 W. FRANKLIN STREET TROY, OH 45373	31-1305869	501(C)(3)	3,000.	0.			GENERAL SUPPORT
PARTNERS IN HOPE 116 W. FRANKLIN STREET TROY, OH 45373	31-1305869	501(C)(3)	800.	0.			SHOES FOR CHRISTMAS SHOP
PARTNERS IN HOPE 116 W. FRANKLIN STREET TROY, OH 45373	31-1305869	501(C)(3)	600.	0.			GENERAL SUPPORT
PARTNERS IN HOPE 116 W. FRANKLIN STREET TROY, OH 45373	31-1305869	501(C)(3)	495.	0.			GENERAL SUPPORT
PARTNERS IN HOPE 116 W. FRANKLIN STREET TROY, OH 45373	31-1305869	501(C)(3)	100.	0.			GENERAL SUPPORT
PARTNERS IN HOPE 116 W. FRANKLIN STREET TROY, OH 45373	31-1305869	501(C)(3)	1,250.	0.			GENERAL SUPPORT
PINK RIBBON GIRLS OF DAYTON P. O. BOX 224 TIPP CITY, OH 45371	32-0020270	501(C)(3)	1,000.	0.			GENERAL SUPPORT
PINK RIBBON GIRLS OF DAYTON P. O. BOX 224 TIPP CITY, OH 45371	32-0020270	501(C)(3)	400.	0.			MATCHING GIFT PROGRAM

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINK RIBBON GIRLS OF DAYTON P. O. BOX 224 TIPP CITY, OH 45371	32-0020270	501(C)(3)	17,500.	0.			SIMPLY FIGHT NO AGE NO STAGE TRANSPORTATION
PINK RIBBON GIRLS OF DAYTON P. O. BOX 224 TIPP CITY, OH 45371	32-0020270	501(C)(3)	1,000.	0.			GENERAL SUPPORT
PINK RIBBON GIRLS OF DAYTON P. O. BOX 224 TIPP CITY, OH 45371	32-0020270	501(C)(3)	15,000.	0.			LOVE YOUR GIRLS SPONSORSHIP
PROJECT BELIEVE, INC. PO BOX 191 TIPP CITY, OH 45371	27-1723060	501(C)(3)	10,025.	0.			CLOSING OF FUND
READING FOR CHANGE 105 S. MARKET ST. TROY, OH 45373	47-4043315	501(C)(3)	945.	0.			PROJECTOR AND CONNECTORS
READING FOR CHANGE 105 S. MARKET ST. TROY, OH 45373	47-4043315	501(C)(3)	3,000.	0.			TECHNOLOGY NEEDS - READING AND MENTORING PROGRAM
READING FOR CHANGE 105 S. MARKET ST. TROY, OH 45373	47-4043315	501(C)(3)	500.	0.			MATCHING GIFT PROGRAM
READING FOR CHANGE 105 S. MARKET ST. TROY, OH 45373	47-4043315	501(C)(3)	1,951.	0.			SOUND MANAGEMENT PROJECT
REHABILITATION CENTER FOR NEUROLOGICAL DEVELOPMENT/NICHOLAS SCHOOL - 1306 GARBRY ROAD - PIQUA, OH 45356	23-7202001	501(C)(3)	5,000.	0.			8-WEEK INTENSIVE CHILDREN'S PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	87,281.	0.			REPAIR, MAINTENANCE, AND GENERAL UPKEEP OF CHURCH AND PARSONAGE
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	5,000.	0.			LUNCH PROGRAM
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
RICHARD'S CHAPEL UNITED METHODIST CHURCH - 831 MCKAIG AVENUE - TROY, OH 45373	31-1107067	501(C)(3)	300.	0.			GENERAL SUPPORT
ROCKET ATHLETIC BOOSTERS 12720 WENGER ROAD ANNA, OH 45302	31-1330605	501(C)(3)	5,000.	0.			SHELTER HOUSE
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	31-6041661	501(C)(3)	300.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	31-6041661	501(C)(3)	300.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	31-6041661	501(C)(3)	300.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	31-6041661	501(C)(3)	300.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	31-6041661	501(C)(3)	300.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	31-6041661	501(C)(3)	300.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	31-6041661	501(C)(3)	300.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	31-6041661	501(C)(3)	300.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	31-6041661	501(C)(3)	300.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	31-6041661	501(C)(3)	50.	0.			IN MEMORY OF SHIRLEY SMITH
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	31-6041661	501(C)(3)	3,394.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	31-6041661	501(C)(3)	300.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	31-6041661	501(C)(3)	300.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	31-6041661	501(C)(3)	4,000.	0.			GENERAL SUPPORT
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	31-6041661	501(C)(3)	1,260.	0.			MATCHING GIFT PROGRAM
ST. JOHN UNITED CHURCH OF CHRIST 130 S. WALNUT STREET TROY, OH 45373	31-6041661	501(C)(3)	300.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 EAST MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	700.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 EAST MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 EAST MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	700.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 409 EAST MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	2,800.	0.			MATCHING GIFT PROGRAM
ST. PATRICK CATHOLIC CHURCH 409 EAST MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	495.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PATRICK CATHOLIC CHURCH 409 EAST MAIN STREET TROY, OH 45373	31-0604619	501(C)(3)	2,000.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	3,000.	0.			TUITION ASSISTANCE, LIBRARY FUND, TECHNOLOGY FUND
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	3,275.	0.			TUITION ASSISTANCE
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	4,468.	0.			IXL - TECHNICAL EDUCATIONAL TOOL
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	200.	0.			GENERAL SUPPORT
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	500.	0.			MATCHING GIFT PROGRAM
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	1,200.	0.			TEEN MINISTRY SPONSORSHIP
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	618.	0.			TO PROVIDE TUITION ASSISTANCE TO DESERVING STUDENTS
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	2,535.	0.			DESKS FOR JUNIOR HS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	2,500.	0.			SCRIP - STAFF DEVELOPMENT
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	623.	0.			JUNIOR HIGH CLASSROOM BOOK SETS
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	1,200.	0.			PAINTING LALANNE HOUSE
ST. PATRICK CATHOLIC SCHOOL 420 E. WATER STREET TROY, OH 45373	31-0604619	501(C)(3)	1,951.	0.			TECH SAVVY KINDERS
ST. PATRICK SOUP KITCHEN 409 E. MAIN STREET TROY, OH 45373	30-0391714	501(C)(3)	6,810.	0.			BLACK AND WHITE AFFAIR
ST. PATRICK SOUP KITCHEN 409 E. MAIN STREET TROY, OH 45373	30-0391714	501(C)(3)	202.	0.			GENERAL SUPPORT
ST. PATRICK SOUP KITCHEN 409 E. MAIN STREET TROY, OH 45373	30-0391714	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ST. PATRICK SOUP KITCHEN 409 E. MAIN STREET TROY, OH 45373	30-0391714	501(C)(3)	1,700.	0.			GENERAL SUPPORT
ST. PATRICK SOUP KITCHEN 409 E. MAIN STREET TROY, OH 45373	30-0391714	501(C)(3)	3,668.	0.			MATCHING GIFT PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PATRICK SOUP KITCHEN 409 E. MAIN STREET TROY, OH 45373	30-0391714	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ST. PAUL'S CHURCH OF CHRIST, SIDNEY - 707 N. OHIO AVENUE - SIDNEY, OH 45365	34-4469953	501(C)(3)	3,112.	0.			GENERAL SUPPORT
ST. PAUL'S CHURCH OF CHRIST, SIDNEY - 707 N. OHIO AVENUE - SIDNEY, OH 45365	34-4469953	501(C)(3)	3,112.	0.			GENERAL SUPPORT
ST. TERESA CATHOLIC CHURCH 6925 W. US RT. 36 COVINGTON, OH 45318	31-0875673	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. TERESA CATHOLIC CHURCH 6925 W. US RT. 36 COVINGTON, OH 45318	31-0875673	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. TERESA CATHOLIC CHURCH 6925 W. US RT. 36 COVINGTON, OH 45318	31-0875673	501(C)(3)	2,000.	0.			GENERAL SUPPORT
ST. TERESA CATHOLIC CHURCH 6925 W. US RT. 36 COVINGTON, OH 45318	31-0875673	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. TERESA CATHOLIC CHURCH 6925 W. US RT. 36 COVINGTON, OH 45318	31-0875673	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. TERESA CATHOLIC CHURCH 6925 W. US RT. 36 COVINGTON, OH 45318	31-0875673	501(C)(3)	400.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. TERESA CATHOLIC CHURCH 6925 W. US RT. 36 COVINGTON, OH 45318	31-0875673	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. TERESA CATHOLIC CHURCH 6925 W. US RT. 36 COVINGTON, OH 45318	31-0875673	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. TERESA CATHOLIC CHURCH 6925 W. US RT. 36 COVINGTON, OH 45318	31-0875673	501(C)(3)	2,000.	0.			GENERAL SUPPORT
ST. TERESA CATHOLIC CHURCH 6925 W. US RT. 36 COVINGTON, OH 45318	31-0875673	501(C)(3)	3,000.	0.			SOUND SYSTEM SUPPORT
ST. TERESA CATHOLIC CHURCH 6925 W. US RT. 36 COVINGTON, OH 45318	31-0875673	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. TERESA CATHOLIC CHURCH 6925 W. US RT. 36 COVINGTON, OH 45318	31-0875673	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. TERESA CATHOLIC CHURCH 6925 W. US RT. 36 COVINGTON, OH 45318	31-0875673	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. TERESA CATHOLIC CHURCH 6925 W. US RT. 36 COVINGTON, OH 45318	31-0875673	501(C)(3)	400.	0.			GENERAL SUPPORT
ST. TERESA CATHOLIC CHURCH 6925 W. US RT. 36 COVINGTON, OH 45318	31-0875673	501(C)(3)	400.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. VINCENT DEPAUL CHURCH 1010 WEST WEBSTER AVENUE CHICAGO, IL 60614	36-2170826	501(C)(3)	500.	0.			GENERAL SUPPORT
ST. VINCENT DEPAUL CHURCH 1010 WEST WEBSTER AVENUE CHICAGO, IL 60614	36-2170826	501(C)(3)	500.	0.			GENERAL SUPPORT
ST. VINCENT DEPAUL CHURCH 1010 WEST WEBSTER AVENUE CHICAGO, IL 60614	36-2170826	501(C)(3)	500.	0.			GENERAL SUPPORT
ST. VINCENT DEPAUL CHURCH 1010 WEST WEBSTER AVENUE CHICAGO, IL 60614	36-2170826	501(C)(3)	500.	0.			GENERAL SUPPORT
ST. VINCENT DEPAUL CHURCH 1010 WEST WEBSTER AVENUE CHICAGO, IL 60614	36-2170826	501(C)(3)	500.	0.			GENERAL SUPPORT
ST. VINCENT DEPAUL CHURCH 1010 WEST WEBSTER AVENUE CHICAGO, IL 60614	36-2170826	501(C)(3)	500.	0.			GENERAL SUPPORT
ST. VINCENT DEPAUL CHURCH 1010 WEST WEBSTER AVENUE CHICAGO, IL 60614	36-2170826	501(C)(3)	500.	0.			GENERAL SUPPORT
ST. VINCENT DEPAUL CHURCH 1010 WEST WEBSTER AVENUE CHICAGO, IL 60614	36-2170826	501(C)(3)	500.	0.			GENERAL SUPPORT
ST. VINCENT DEPAUL CHURCH 1010 WEST WEBSTER AVENUE CHICAGO, IL 60614	36-2170826	501(C)(3)	500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. VINCENT DEPAUL CHURCH 1010 WEST WEBSTER AVENUE CHICAGO, IL 60614	36-2170826	501(C)(3)	500.	0.			GENERAL SUPPORT
ST. VINCENT DEPAUL CHURCH 1010 WEST WEBSTER AVENUE CHICAGO, IL 60614	36-2170826	501(C)(3)	500.	0.			GENERAL SUPPORT
ST. VINCENT DEPAUL CHURCH 1010 WEST WEBSTER AVENUE CHICAGO, IL 60614	36-2170826	501(C)(3)	500.	0.			GENERAL SUPPORT
ST. VINCENT DEPAUL SOCIETY C/O ST. PATRICK CHURCH TROY, OH 45373	31-1011485	501(C)(3)	2,000.	0.			ASSISTANCE FOR TROY FAMILIES
ST. VINCENT DEPAUL SOCIETY C/O ST. PATRICK CHURCH TROY, OH 45373	31-1011485	501(C)(3)	1,687.	0.			MATCHING GIFT PROGRAM
ST. VINCENT DEPAUL SOCIETY C/O ST. PATRICK CHURCH TROY, OH 45373	31-1011485	501(C)(3)	2,000.	0.			HELP FOR PEOPLE LESS FORTUNATE
ST. VINCENT DEPAUL SOCIETY C/O ST. PATRICK CHURCH TROY, OH 45373	31-1011485	501(C)(3)	2,000.	0.			HELP WITH RENT, FOOD AND UTILITIES
THE FRIENDS OF COEUR D' ALENE 810 COEUR D' ALENE AVENUE VENICE, CA 90291	20-0038668	501(C)(3)	17,000.	0.			GENERAL SUPPORT
THE FUTURE BEGINS TODAY PO BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	2,450.	0.			MATCHING GIFT PROGRAM

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FUTURE BEGINS TODAY PO BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	744.	0.			WACO CAMP SPONSORSHIP
THE FUTURE BEGINS TODAY PO BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	2,500.	0.			GENERAL SUPPORT
THE FUTURE BEGINS TODAY PO BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE FUTURE BEGINS TODAY PO BOX 511 TROY, OH 45373	31-1655688	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY 4245 N. FAIRFAX DR. ARLINGTON, VA 22203	53-0242652	501(C)(3)	3,000.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY 4245 N. FAIRFAX DR. ARLINGTON, VA 22203	53-0242652	501(C)(3)	5,000.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY, OHIO CHAPTER - 6375 RIVERSIDE DRIVE - DUBLIN, OH 43017	53-0242652	501(C)(3)	9,914.	0.			GENERAL SUPPORT
THE OHIO STATE UNIVERSITY OFFICE OF UNIV. DEVELOPMENT COLUMBUS, OH 43210	31-6025986	501(C)(1)	100.	0.			MORITZ COLLEGE OF LAW SUPPORT
THE OHIO STATE UNIVERSITY OFFICE OF UNIV. DEVELOPMENT COLUMBUS, OH 43210	31-6025986	501(C)(1)	500,000.	0.			HANOVER EYE INSTITUTE OF THE WEXLER MEDICAL CENTER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO STATE UNIVERSITY OFFICE OF UNIV. DEVELOPMENT COLUMBUS, OH 43210	31-6025986	501(C)(1)	500,000.	0.			HANOVER EYE INSTITUTE OF THE WEXLER MEDICAL CENTER
THE VILLAGE OF VERSAILLES, OHIO PO BOX 288 VERSAILLES, OH 45380	34-6401515	501(C)(3)	2,538.	0.			DOWNTOWN IMPROVEMENT PROJECT
THE VILLAGE OF VERSAILLES, OHIO PO BOX 288 VERSAILLES, OH 45380	34-6401515	501(C)(3)	2,538.	0.			REIMBURSEMENT - REPAIR OF DOWNTOWN CLOCK
TIPP CITY ENRICHMENT PROGRAM, INC. 223 W. BROADWAY ST. TIPP CITY, OH 45371	26-0161122	501(C)(3)	2,011.	0.			2016 SUMMER CAMP
TIPP CITY ENRICHMENT PROGRAM, INC. 223 W. BROADWAY ST. TIPP CITY, OH 45371	26-0161122	501(C)(3)	3,929.	0.			ELECTRONIC UPDATES
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	5,008.	0.			EDUCATIONAL GRANTS
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	900.	0.			3RD GRADE ROCK MAN PROGRAM
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	9,545.	0.			2016 GRANTS
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	3,529.	0.			EDUCATIONAL GRANTS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	1,174.	0.			CARILLON PARK FIELD TRIP - 1ST GRADE
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	434.	0.			EVENT EXPENSE: SHUTTLES
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	1,370.	0.			VICTORIA THEATER FIELD TRIP - 1ST GRADE
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	430.	0.			1ST GRADE PRESENTATION - ANIMALS ALIVE BY BOONSHOFT
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	1,201.	0.			AULLWOOD FIELD TRIP - FIRST GRADE
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	5,157.	0.			SIX GRANTS APPROVED
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	1,411.	0.			FULTON FARMS FIELDTRIP - KINDERGARTEN SCIENCE AND MATH
TIPP CITY EXEMPTED VILLAGE SCHOOLS 90 S. TIPPECANOE DR. TIPP CITY, OH 45371	31-6000983	501(C)(3)	10,172.	0.			EDUCATIONAL PROJECTS
TIPP CITY FOUNDATION PO BOX 626 TIPP CITY, OH 45371	31-6018703	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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TIPP CITY FOUNDATION PO BOX 626 TIPP CITY, OH 45371	31-6018703	501(C)(3)	200.	0.			GENERAL SUPPORT
TIPP CITY PARKS DEPARTMENT GOVERNMENT CENTER TIPP CITY, OH 45371	31-0792424	501(C)(3)	5,513.	0.			ASH TREE REPLACEMENT AND CANAL LOCK DOORS
TIPP CITY PUBLIC LIBRARY, INC. 11 E. MAIN STREET TIPP CITY, OH 45371	31-6000554	501(C)(3)	14,435.	0.			PURCHASE OF BOOK AND MAGAZINES FOR ADULTS
TIPP CITY PUBLIC LIBRARY, INC. 11 E. MAIN STREET TIPP CITY, OH 45371	31-6000554	501(C)(3)	4,000.	0.			HOOPLA
TIPP CITY SENIORS, INC. 320 SOUTH FIRST STREET TIPP CITY, OH 45371	31-1780623	501(C)(3)	2,000.	0.			SUPPORT FOR DEVELOPMENT OF SENIOR FACILITY
TIPP CITY SENIORS, INC. 320 SOUTH FIRST STREET TIPP CITY, OH 45371	31-1780623	501(C)(3)	4,161.	0.			KITCHEN EQUIPMENT IN NEW BUILDING
TIPP MONROE COMMUNITY SERVICES 3 EAST MAIN STREET TIPP CITY, OH 45371	31-0794220	501(C)(3)	700.	0.			INSTRUMENT LOAN PROGRAM
TIPP MONROE COMMUNITY SERVICES 3 EAST MAIN STREET TIPP CITY, OH 45371	31-0794220	501(C)(3)	1,500.	0.			EYEGLOSS PROGRAM
TIPP MONROE COMMUNITY SERVICES 3 EAST MAIN STREET TIPP CITY, OH 45371	31-0794220	501(C)(3)	2,600.	0.			CAMP KERN TRIP FOR TIPP CITY 5TH GRADERS

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TIPP MONROE COMMUNITY SERVICES 3 EAST MAIN STREET TIPP CITY, OH 45371	31-0794220	501(C)(3)	1,000.	0.			COMMUNITY RELIEF PROGRAM
TIPP MONROE COMMUNITY SERVICES 3 EAST MAIN STREET TIPP CITY, OH 45371	31-0794220	501(C)(3)	500.	0.			DIAPER PROGRAM
TIPP MONROE COMMUNITY SERVICES 3 EAST MAIN STREET TIPP CITY, OH 45371	31-0794220	501(C)(3)	2,766.	0.			PROJECTOR + CHILDREN'S ART EVENTS TCAAC
TIPP MONROE COMMUNITY SERVICES 3 EAST MAIN STREET TIPP CITY, OH 45371	31-0794220	501(C)(3)	250.	0.			2016 ART COUNCIL ANNUAL GALA
TIPP MONROE COMMUNITY SERVICES 3 EAST MAIN STREET TIPP CITY, OH 45371	31-0794220	501(C)(3)	363.	0.			FLOOR RUNNERS
TIPP MONROE COMMUNITY SERVICES 3 EAST MAIN STREET TIPP CITY, OH 45371	31-0794220	501(C)(3)	2,000.	0.			\$200 ARTS COUNCIL, \$1,800 TMCS
TROY CHRISTIAN SCHOOLS 700 SOUTH DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	1,734.	0.			STAYING CHARGED UP!
TROY CHRISTIAN SCHOOLS 700 SOUTH DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	2,000.	0.			YOUNG LEARNERS STEM EDUCATION
TROY CHRISTIAN SCHOOLS 700 SOUTH DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	549.	0.			CHEMISTRY CLASSROOM TECHNOLOGY FOR HIGH SCHOOL

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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TROY CHRISTIAN SCHOOLS 700 SOUTH DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	3,000.	0.			GENERAL SUPPORT
TROY CHRISTIAN SCHOOLS 700 SOUTH DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	923.	0.			ANATOMY AND HUMAN BIOLOGY PROGRAM
TROY CHRISTIAN SCHOOLS 700 SOUTH DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	898.	0.			IPAD PRO AND PENCIL FOR GRAPHIC ARTS
TROY CHRISTIAN SCHOOLS 700 SOUTH DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	638.	0.			CALCULATORS FOR ALGEBRA, HIGH SCHOOL
TROY CHRISTIAN SCHOOLS 700 SOUTH DORSET ROAD TROY, OH 45373	31-1320575	501(C)(3)	13,600.	0.			UPGRADED SECURITY ALERT SYSTEM
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	4,980.	0.			SUMMER LUNCHESES/FOOD SERVICES
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	1,000.	0.			2016 OUTSTANDING EDUCATOR OF THE YEAR
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	500.	0.			CONCORD ELEMENTARY READING BUDDIES PROGRAM
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	200.	0.			TROY SHOW CHOIR

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	988.	0.			COOKSON ELEMENTARY, STANDING TABLES/DESK
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	988.	0.			COOKSON ELEMENTARY, STANDING TABLES/DESK
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	387.	0.			VAN CLEVE, LITERATURE CIRCLES NOVELS
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	806.	0.			VAN CLEVE, CHROMEBOOKS
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	438.	0.			COOKSON ELEMENTARY, LISTEN TO READING STATION
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	600.	0.			CONCORD ELEMENTARY IDITAROD MUSHER PRESENTATION
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	751.	0.			HEYWOOD, KINDERGARTEN MATH CENTERS
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	900.	0.			FOREST ELEMENTARY, ANALOG/ATOMIC CLOCKS FOR ALL CLASSROOMS
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	706.	0.			FOREST ELEMENTARY, STUDIES WEEKLY SOCIAL STUDIES AND SCIENCE

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	589.	0.			FOREST ELEMENTARY, STUDIES WEEKLY SOCIAL STUDIES AND SCIENCE
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	988.	0.			COOKSON ELEMENTARY, STANDING TABLES/DESK
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	988.	0.			COOKSON ELEMENTARY, STANDING TABLES/DESK
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	864.	0.			KYLE ELEMENTARY, STUDY ISLAND
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	975.	0.			KYLE ELEMENTARY, STUDY ISLAND
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	975.	0.			KYLE ELEMENTARY, STEM PROJECTS
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	995.	0.			KYLE ELEMENTARY, CHAPTER BOOK SUCCESS
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	758.	0.			COOKSON ELEMENTARY, CLASSROOM TECHNOLOGY
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	718.	0.			VAN CLEVE, KIDS DISCOVER

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	758.	0.			COOKSON ELEMENTARY, CLASSROOM TECHNOLOGY
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	350.	0.			VAN CLEVE - "TO GO" BACKPACK FOR 6TH GRADE TEACHERS
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	28,862.	0.			RESTORATION OF STEINWAY PIANOS
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	440.	0.			COOKSON ELEMENTARY GIRLS ON THE RUN
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	4,200.	0.			MUSE MACHINE FOR VAN CLEVE
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	4,400.	0.			KIDS TO COLLEGE FOR VAN CLEVE
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	500.	0.			CONCORD READING BUDDIES
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	8,000.	0.			OHIO READS FOR KYLE
TROY CITY SCHOOLS 500 NORTH MARKET STREET TROY, OH 45373	31-6000985	501(C)(3)	987.	0.			HEYWOOD PROFESSIONAL DEVELOPMENT CONFERENCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROY CIVIC BAND 1323 SURREY ROAD TROY, OH 45373	31-1412571	501(C)(3)	6,000.	0.			2016 SUMMER CONCERT SERIES
TROY HALL OF FAME 405 PUBLIC SQUARE TROY, OH 45373	31-1454017	501(C)(3)	20,768.	0.			GENERAL SUPPORT
TROY JUNIOR FOOTBALL P.O. BOX 707 TROY, OH 45373	31-1506205	501(C)(3)	10,000.	0.			TROY JUNIOR FOOTBALL EQUIPMENT AND SCOREBOARD
TROY MAIN STREET, INC. 405 SW PUBLIC SQUARE TROY, OH 45373	31-1301818	501(C)(3)	3,550.	0.			MATCHING GIFT PROGRAM
TROY MAIN STREET, INC. 405 SW PUBLIC SQUARE TROY, OH 45373	31-1301818	501(C)(3)	25,000.	0.			DOWNTOWN/RIVERFRONT REDEVELOPMENT INITIATIVE
TROY MAIN STREET, INC. 405 SW PUBLIC SQUARE TROY, OH 45373	31-1301818	501(C)(3)	17,500.	0.			MKSK URBAN DESIGN STUDY
TROY MAIN STREET, INC. 405 SW PUBLIC SQUARE TROY, OH 45373	31-1301818	501(C)(3)	2,640.	0.			2016 DOWNTOWN PLANTER PROGRAM
TROY MAIN STREET, INC. 405 SW PUBLIC SQUARE TROY, OH 45373	31-1301818	501(C)(3)	45,000.	0.			SCULPTURES ON THE SQUARE 2017
TROY MAIN STREET, INC. 405 SW PUBLIC SQUARE TROY, OH 45373	31-1301818	501(C)(3)	5,000.	0.			2016 DOWNTOWN FARMER'S MARKET

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROY MAIN STREET, INC. 405 SW PUBLIC SQUARE TROY, OH 45373	31-1301818	501(C)(3)	100.	0.			GENERAL SUPPORT
TROY MAIN STREET, INC. 405 SW PUBLIC SQUARE TROY, OH 45373	31-1301818	501(C)(3)	2,809.	0.			GENERAL SUPPORT
TROY MAYORS' CONCERTS, INC. 2315 MCKAIG ROAD TROY, OH 45373	31-1412572	501(C)(3)	2,000.	0.			GENERAL SUPPORT
TROY MAYORS' CONCERTS, INC. 2315 MCKAIG ROAD TROY, OH 45373	31-1412572	501(C)(3)	4,000.	0.			2016 CONCERT
TROY MAYORS' CONCERTS, INC. 2315 MCKAIG ROAD TROY, OH 45373	31-1412572	501(C)(3)	262.	0.			GENERAL SUPPORT
TROY MAYORS' CONCERTS, INC. 2315 MCKAIG ROAD TROY, OH 45373	31-1412572	501(C)(3)	25.	0.			GENERAL SUPPORT
TROY MAYORS' CONCERTS, INC. 2315 MCKAIG ROAD TROY, OH 45373	31-1412572	501(C)(3)	262.	0.			GENERAL SUPPORT
TROY MAYORS' CONCERTS, INC. 2315 MCKAIG ROAD TROY, OH 45373	31-1412572	501(C)(3)	200.	0.			MATCHING GIFT PROGRAM
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	1,083.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	2,829.	0.			GENERAL SUPPORT
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	1,000.	0.			2016 COMMUNITY SERVICE AWARD
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	495.	0.			GENERAL SUPPORT
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	5,500.	0.			ROOF AND FLASHING REPAIR ON FRONT ENTRY
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	1,083.	0.			GENERAL SUPPORT
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	11,120.	0.			DOWNTOWN TROY SUMMER MUSIC SERIES
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	3,170.	0.			2 DEFIBRILLATORS/CABINETS
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	30.	0.			GENERAL SUPPORT
TROY-HAYNER CULTURAL CENTER 301 WEST MAIN STREET TROY, OH 45373	31-6000985	501(C)(3)	32,115.	0.			REPAIRS AND RENOVATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	750.	0.			MATCHING GIFT PROGRAM
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	7,500.	0.			WHEELCHAIR RAMP REPLACEMENT
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	100.	0.			BOOK FUND
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	15,000.	0.			DOLLY PARTON'S IMAGINATION LIBRARY IN MIAMI COUNTY
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	801.	0.			TO PURCHASE TRAVEL MATERIAL
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	3,000.	0.			DOLLY PARTON IMAGINATION LIBRARY
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	9,748.	0.			TO PURCHASE BOOK AND MAGAZINES
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	300.	0.			LEGOS FOR PORTABLE MAKERSPACE
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	2,829.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	14,435.	0.			PURCHASE OF BOOK AND MAGAZINES FOR ADULTS
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	1,500.	0.			DOLLY PARTON'S IMAGINATION LIBRARY IN MIAMI COUNTY
TROY-MIAMI COUNTY PUBLIC LIBRARY 419 W. MAIN STREET TROY, OH 45373	31-6000630	501(C)(3)	9,748.	0.			TO PURCHASE BOOK AND MAGAZINES
UNITED WAY OF TROY, OHIO 233 S. MARKET ST. TROY, OH 45373	31-0619209	501(C)(3)	200.	0.			GENERAL SUPPORT
UNITED WAY OF TROY, OHIO 233 S. MARKET ST. TROY, OH 45373	31-0619209	501(C)(3)	100.	0.			GENERAL SUPPORT
UNITED WAY OF TROY, OHIO 233 S. MARKET ST. TROY, OH 45373	31-0619209	501(C)(3)	1,000.	0.			GENERAL SUPPORT
UNITED WAY OF TROY, OHIO 233 S. MARKET ST. TROY, OH 45373	31-0619209	501(C)(3)	2,500.	0.			2016 CAMPAIGN SUPPORT
UNITED WAY OF TROY, OHIO 233 S. MARKET ST. TROY, OH 45373	31-0619209	501(C)(3)	3,825.	0.			GENERAL SUPPORT
UNITED WAY OF TROY, OHIO 233 S. MARKET ST. TROY, OH 45373	31-0619209	501(C)(3)	1,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF TROY, OHIO 233 S. MARKET ST. TROY, OH 45373	31-0619209	501(C)(3)	500.	0.			GENERAL SUPPORT
UNITED WAY OF TROY, OHIO 233 S. MARKET ST. TROY, OH 45373	31-0619209	501(C)(3)	220.	0.			GENERAL SUPPORT
UNITED WAY OF TROY, OHIO 233 S. MARKET ST. TROY, OH 45373	31-0619209	501(C)(3)	4,123.	0.			GENERAL SUPPORT
UNITED WAY OF TROY, OHIO 233 S. MARKET ST. TROY, OH 45373	31-0619209	501(C)(3)	25.	0.			GENERAL SUPPORT
UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON, OH 45469-1305	31-0536715	501(C)(3)	2,000.	0.			UNIVERSITY ADVANCEMENT - #7056
UNVERFERTH HOUSE 4047 BICKLEY PLACE COLUMBUS, OH 43220	31-1247899	501(C)(3)	50,000.	0.			GENERAL SUPPORT
UPPER VALLEY CAREER CENTER 8811 CAREER DRIVE PIQUA, OH 45356	31-0819594	501(C)(3)	13,800.	0.			2016 UVCC TRIP TO YELLOWSTONE/TETON
UPPER VALLEY CAREER CENTER 8811 CAREER DRIVE PIQUA, OH 45356	31-0819594	501(C)(3)	2,000.	0.			GENERAL SUPPORT
UPPER VALLEY CAREER CENTER 8811 CAREER DRIVE PIQUA, OH 45356	31-0819594	501(C)(3)	2,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPPER VALLEY CAREER CENTER 8811 CAREER DRIVE PIQUA, OH 45356	31-0819594	501(C)(3)	14,100.	0.			UVCC YELLOWSTONE TRIP 2017
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	5,000.	0.			EXPENSES FOR CONNOR O'LEARY 2016 CANCER AWARENESS
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	200.	0.			GENERAL SUPPORT
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	117,927.	0.			EMERGENCY DEPARTMENT RENOVATION AND EXPANSION
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	25,000.	0.			RACHEL'S CHALLENGE
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	1,000.	0.			BRONZE SPONSORSHIP - NEW ED PROJECT RECEPTION
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	250.	0.			EMERGENCY ROOM RECOGNITION EVENT
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	500.	0.			GENERAL SUPPORT
UVMC FOUNDATION 3130 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	1,250.	0.			MATCHING GIFT PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST OHIO CONFERENCE OF THE UNITED METHODIST CHURCH - 32 WESLEY BLVD. - WORTHINGTON, OH 43085	31-4420544	501(C)(3)	87,281.	0.			BLACK COLLEGE FUND & MINISTER'S RETIREMENT & CAMPERSHIPS
WESTMINSTER PRESBYTERIAN CHURCH 125 N. WILKINSON ST. DAYTON, OH 45402	31-0537175	501(C)(3)	5,000.	0.			SUPPORT FOR MUSIC FUND
WESTSIDE NEIGHBORHOOD SCHOOL 5401 BEETHOVEN STREET LOS ANGELES, CA 90066	95-3551091	501(C)(3)	10,000.	0.			ANNUAL FUND 2016-2017
WESTSIDE NEIGHBORHOOD SCHOOL 5401 BEETHOVEN STREET LOS ANGELES, CA 90066	95-3551091	501(C)(3)	7,208.	0.			COMPASS CAMPAIGN
WORLD WILDLIFE FUND, INC. P.O. BOX 96555 WASHINGTON, DC 20077-7760	52-1693387	501(C)(3)	500.	0.			GENERAL SUPPORT
WORLD WILDLIFE FUND, INC. P.O. BOX 96555 WASHINGTON, DC 20077-7760	52-1693387	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	66	653,692.	0.		

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

PART I, LINE 2:

THE FOUNDATION REQUIRES GRANTEES TO PROVIDE A NARRATIVE TO BE COMPLETED AFTER NINETY DAYS OF THE RECEIPT OF GRANT FUNDING. THE NARRATIVE PROVIDES INFORMATION PERTAINING TO THE USE OF THE GRANT AND PROVIDES AN EVALUATION OF THE INTENDED OUTCOMES AND GOALS ORIGINALLY PRESENTED BY THE GRANTEE. NARRATIVE INFORMATION IS SUBMITTED TO THE DISTRIBUTION COMMITTEE. SITE VISITS MAY BE CONDUCTED BY STAFF AND/OR DISTRIBUTION COMMITTEE MEMBERS AND ADDITIONAL REPORTING MAY BE SUBMITTED TO THE DISTRIBUTION COMMITTEE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **THE TROY FOUNDATION** Employer identification number **31-6018703**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	98	1,713,825.	FMV AT TRANSFER
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (BAKER FURNITU)	X	1	10,000.	APPRAISAL
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

PUBLICLY TRADED SECURITIES CONTRIBUTED TO THE TROY FOUNDATION ARE SOLD BY THIRD PARTIES, THE INVESTMENT DEPARTMENTS OF THE BANKS WHERE THE TROY FOUNDATION MAINTAINS INVESTMENT ACCOUNTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

THE TROY FOUNDATION

Employer identification number

31-6018703

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR A BETTER TOMORROW.

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

THE RETURN PREPARER EMAILS A COPY OF THE FORM 990 TO THE EXECUTIVE
DIRECTOR, WHO FORWARDS THE RETURN TO THE BOARD MEMBERS PRIOR TO FILING. THE
FOUNDATION'S AUDIT COMMITTEE REVIEWS THE FORM 990 IN DETAIL BEFORE IT IS
FILED WITH THE INTERNAL REVENUE SERVICE.

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

EACH YEAR AT ITS ANNUAL MEETING, THE TROY FOUNDATION'S GOVERNING BOARD,
TRUSTEES COMMITTEE, AND DISTRIBUTION COMMITTEE RECEIVE A COPY OF THE
CONFLICT OF INTEREST POLICY. THEY ARE REQUIRED TO COMPLETE AND SUBMIT THE
FOUNDATION'S CONFLICT OF INTEREST STATEMENT TO THE EXECUTIVE DIRECTOR
LISTING ALL POTENTIAL CONFLICTS THAT MAY OCCUR THROUGHOUT THE YEAR.

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

THE PROCESS FOR DETERMINING THE EXECUTIVE DIRECTOR'S AND OTHER KEY
EMPLOYEES' SALARIES INCLUDES A REVIEW AND APPROVAL PROCESS BY THE GOVERNING
BODY ALONG WITH THE USE OF DATA IN REGARDS TO COMPARABLE COMPENSATION FOR
SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT
SIMILARLY SITUATED ORGANIZATIONS. RECORDS WITH RESPECT TO DELIBERATIONS AND
DECISIONS REGARDING THE COMPENSATION ARRANGEMENT ARE MAINTAINED.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization THE TROY FOUNDATION	Employer identification number 31-6018703
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OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF TIME AS SET FORTH IN THE INTERNAL REVENUE CODE SECTION 6104(D).

FORM 990, PART XII, LINE 2C:

THE PROCESS BY WHICH THE ORGANIZATION SELECTS AN INDEPENDENT ACCOUNTANT TO CONDUCT ITS AUDIT HAS NOT CHANGED SINCE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **THE TROY FOUNDATION** Employer identification number **31-6018703**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
TF LAND, INC. - 26-1645416 216 W FRANKLIN ST TROY, OH 45373	TF LAND OWNS THE BUILDING THAT HOUSES THE TROY FOUNDATION	OHIO	501(C)(3)	LINE 12B, II	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.