

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: LICKING COUNTY FOUNDATION INC.
D Employer identification number: ** - *** 0702
E Telephone number: 740-349-3863
G Gross receipts \$: 15,473,539.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.THELCFFOUNDATION.ORG
K Form of organization:
L Year of formation: 1956
M State of legal domicile: OH

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO IMPROVE THE QUALITY OF LIFE FOR ALL CITIZENS OF LICKING COUNTY; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature of officer: CONST... MALONEY + NOVOTNY LLC, EXECUTIVE DIRECTOR
Preparer: CHRISTOPHER B. ANDERSON, MALONEY + NOVOTNY LLC, 4774 MUNSON STREET NW, SUITE 402, CANTON, OH 44718-3634

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

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: THE MISSION OF LICKING COUNTY FOUNDATION IS TO IMPROVE THE QUALITY OF LIFE FOR ALL CITIZENS OF LICKING COUNTY AND TO DISTRIBUTE EARNINGS FROM PERMANENT CHARITABLE ASSETS TO BENEFIT THE ENTIRE COMMUNITY.

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.

4a (Code:) (Expenses \$ 4,587,570. including grants of \$ 4,178,921.) (Revenue \$ 61,665.) LICKING COUNTY FOUNDATION IS A PUBLIC CHARITABLE ORGANIZATION MADE UP OF A DIVERSE COLLECTION OF FUNDS GIVEN BY CARING INDIVIDUALS, BUSINESSES, AND ORGANIZATIONS THAT HAVE A COMMON CONCERN FOR THE WELL-BEING OF THE PEOPLE OF LICKING COUNTY. DISTRIBUTIONS FROM THESE FUNDS MAINTAIN AND ENHANCE THE EDUCATIONAL, SOCIAL, CULTURAL, HEALTH AND CIVIC RESOURCES OF THE COMMUNITY THROUGH SUPPORT OF QUALIFIED CHARITABLE ORGANIZATIONS.

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

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

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

4e Total program service expenses 4,587,570.

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> ? See instructions	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 Rev. Proc. 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 donor-restricted endowments or in 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> See instructions		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
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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

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 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, 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 on 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... 14; 1b Enter the number of voting members included... 14; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 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 on Schedule O... X

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? X; 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? X; 11b Describe on 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records DEAN BUSACK - 740-349-3863
30 N. 2ND STREET, NEWARK, OH 43058-4212

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CONSTANCE J. HAWK EXECUTIVE DIRECTOR	40.00			X				138,625.	0.	16,814.
(2) DEAN BUSACK FINANCIAL OFFICER	40.00			X				78,652.	0.	4,817.
(3) NOBLE SNOW CHAIR	2.00	X		X				0.	0.	0.
(4) MOLLY INGOLD VICE CHAIR	2.00	X		X				0.	0.	0.
(5) CYNTHIA MENZER IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(6) TIMOTHY LEHMAN SECRETARY & TREASURER	1.00	X		X				0.	0.	0.
(7) KIM COPLIN DIRECTOR	1.00	X						0.	0.	0.
(8) JOAN FRANKS DIRECTOR	1.00	X						0.	0.	0.
(9) CHASE GHILONI DIRECTOR	1.00	X						0.	0.	0.
(10) DEBORAH KOHMAN DIRECTOR	1.00	X						0.	0.	0.
(11) RYAN MILLS DIRECTOR	1.00	X						0.	0.	0.
(12) JANINE MORTELLARO DIRECTOR	1.00	X						0.	0.	0.
(13) ROBERT O'NEILL DIRECTOR	1.00	X						0.	0.	0.
(14) JEANETTA PYLE DIRECTOR	1.00	X						0.	0.	0.
(15) WARREN WEBER DIRECTOR	1.00	X						0.	0.	0.
(16) MICHAEL WHITEHEAD DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
1b Subtotal							217,277.	0.	21,631.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							217,277.	0.	21,631.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PARK NATIONAL BANK, 50 N. THIRD ST, PO BOX 3500, NEWARK, OH 43058	INV MGMT & OTHER BANKING SVCS	291,584.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	900,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,104,634.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,874,690.			
	h	Total. Add lines 1a-1f		5,004,634.			
Program Service Revenue	2 a	REAL ESTATE REVENUE	Business Code				
			531120	32,073.	32,073.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		32,073.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,239,135.	2223139.	15,996.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				8,168,105.			
	7 b	Less: cost or other basis and sales expenses		3,013,755.			
	7 c	Gain or (loss)		5,154,350.			
d	Net gain or (loss)		5,154,350.		5154350.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8 a					
8 b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
		9 a					
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10 a					
		10 b					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code	900099	29,592.	29,592.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		29,592.			
12	Total revenue. See instructions		12,459,784.	61,665.	2223139.	5170346.	

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	2,948,466.	2,948,466.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,230,455.	1,230,455.		
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	238,908.	85,947.	86,023.	66,938.
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	199,394.	70,537.	72,158.	56,699.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,792.	3,498.	3,533.	2,761.
9 Other employee benefits	41,715.	14,902.	15,048.	11,765.
10 Payroll taxes	30,950.	11,056.	11,165.	8,729.
11 Fees for services (nonemployees):				
a Management				
b Legal	99,260.	49,728.	49,532.	
c Accounting	16,250.		16,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	291,583.		291,583.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	17,472.	2,904.	13,836.	732.
12 Advertising and promotion	43,772.	10,943.		32,829.
13 Office expenses	20,160.	6,315.	6,993.	6,852.
14 Information technology	62,370.	22,279.	22,501.	17,590.
15 Royalties				
16 Occupancy	44,115.	29,668.	8,108.	6,339.
17 Travel				
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	90,950.	54,574.	20,416.	15,960.
23 Insurance	35,698.	23,392.	12,306.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a INCOME TAXES	385,086.		385,086.	
b _____				
c _____				
d _____				
e All other expenses _____	52,736.	22,906.	29,830.	
25 Total functional expenses. Add lines 1 through 24e	5,859,132.	4,587,570.	1,044,368.	227,194.
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	705,335.	1	383,005.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	425,178.	3	282,204.
	4 Accounts receivable, net		4	827,449.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,553.	9	18,421.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,351,306.		
	b Less: accumulated depreciation	10b 721,965.	7,898,990.	10c 7,629,341.
	11 Investments - publicly traded securities	112,506,300.	11	134,163,411.
	12 Investments - other securities. See Part IV, line 11	6,435,338.	12	5,211,163.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	283,371.	15	255,761.
16 Total assets. Add lines 1 through 15 (must equal line 33)	128,269,065.	16	148,770,755.	
Liabilities	17 Accounts payable and accrued expenses	61,023.	17	441,014.
	18 Grants payable	252,697.	18	316,600.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	107,724.	24	0.
	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	11,285,135.	25	13,681,737.
	26 Total liabilities. Add lines 17 through 25	11,706,579.	26	14,439,351.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	112,804,644.	27	130,483,448.
	28 Net assets with donor restrictions	3,757,842.	28	3,847,956.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	116,562,486.	32	134,331,404.
	33 Total liabilities and net assets/fund balances	128,269,065.	33	148,770,755.

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	12,459,784.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,859,132.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,600,652.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	116,562,486.
5	Net unrealized gains (losses) on investments	5	13,564,868.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,396,602.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	134,331,404.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c 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?
If the organization changed either its oversight process or selection process during the tax year, explain on 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3052575.	1996007.	3698877.	3472602.	5004634.	17224695.
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	3052575.	1996007.	3698877.	3472602.	5004634.	17224695.
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)						872,561.
6 Public support. Subtract line 5 from line 4.						16352134.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	3052575.	1996007.	3698877.	3472602.	5004634.	17224695.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1416725.	1768090.	2249694.	2153720.	15,984.	7604213.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	214,357.	84,034.			2223151.	2521542.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	60,280.	58,835.	29,131.	34,259.	29,592.	212,097.
11 Total support. Add lines 7 through 10						27562547.
12 Gross receipts from related activities, etc. (see instructions)					12	1,299,113.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	59.33 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	53.66 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

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)? <i>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).</i>		
1		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2017 AMOUNT: \$ 60,280.

2018 AMOUNT: \$ 58,835.

2019 AMOUNT: \$ 29,131.

2020 AMOUNT: \$ 34,259.

2021 AMOUNT: \$ 29,592.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

LICKING COUNTY FOUNDATION INC.

Employer identification number

** - *** 0702

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization LICKING COUNTY FOUNDATION INC.	Employer identification number ** - ***0702
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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
1	 <hr/> <hr/> <hr/>	\$ <u>132,246.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>113,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>239,102.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>110,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>174,569.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>107,617.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LICKING COUNTY FOUNDATION INC.	Employer identification number ** - ***0702
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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	 <hr/> <hr/> <hr/>	\$ <u>250,540.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>247,492.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>247,492.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>247,492.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>237,313.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>120,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LICKING COUNTY FOUNDATION INC.	Employer identification number ** - ***0702
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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
13		\$ 174,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	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.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LICKING COUNTY FOUNDATION INC.	Employer identification number ** - ***0702
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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	PUBLICLY-TRADED SECURITIES _____ _____ _____	\$ <u>239,102.</u>	<u>11/17/21</u>
7	PUBLICLY-TRADED SECURITIES _____ _____ _____	\$ <u>250,540.</u>	<u>12/09/21</u>
8	PUBLICLY-TRADED SECURITIES _____ _____ _____	\$ <u>247,492.</u>	<u>12/10/21</u>
9	PUBLICLY-TRADED SECURITIES _____ _____ _____	\$ <u>247,492.</u>	<u>12/10/21</u>
10	PUBLICLY-TRADED SECURITIES _____ _____ _____	\$ <u>247,492.</u>	<u>12/10/21</u>
11	PUBLICLY-TRADED SECURITIES _____ _____ _____	\$ <u>237,313.</u>	<u>12/15/21</u>

Name of organization LICKING COUNTY FOUNDATION INC.	Employer identification number ** - *** 0702
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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.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **LICKING COUNTY FOUNDATION INC.** Employer identification number **** - *** 0702**

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	53	
2 Aggregate value of contributions to (during year)	2,174,529.	
3 Aggregate value of grants from (during year)	712,615.	
4 Aggregate value at end of year	17,796,504.	
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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 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 7/25/06, 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?

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)?

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 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 _____ %
 - c Term endowment _____ %
- 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 | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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		138,448.		138,448.
b Buildings		692,091.	284,038.	408,053.
c Leasehold improvements				
d Equipment		296,430.	96,523.	199,907.
e Other		7,224,337.	341,404.	6,882,933.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,629,341.

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) AGENCY FUND LIABILITIES	13,681,737.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	13,681,737.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	23,049,574.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	13,564,868.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	13,564,868.
3	Subtract line 2e from line 1	3	9,484,706.
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	291,583.
b	Other (Describe in Part XIII.)	4b	2,683,495.
c	Add lines 4a and 4b	4c	2,975,078.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,459,784.

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	5,280,656.
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	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,280,656.
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	291,583.
b	Other (Describe in Part XIII.)	4b	286,893.
c	Add lines 4a and 4b	4c	578,476.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,859,132.

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:

LICKING COUNTY FOUNDATION HAS DETERMINED THAT THE MAJORITY OF LICKING COUNTY FOUNDATION'S NET ASSETS DO NOT MEET THE DEFINITION OF AN ENDOWMENT UNDER THE OHIO UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT ("UPMIFA"). CONTRIBUTIONS TO LICKING COUNTY FOUNDATION ARE SUBJECT TO THE GOVERNING DOCUMENTS WHICH INCLUDE VARIANCE POWER AND THE SPECIFIED GIFT INSTRUMENTS. LICKING COUNTY FOUNDATION, HOWEVER, MANAGES MOST FUNDS HELD AT THE FOUNDATION IN A MANNER THAT IS SIMILAR TO AN ENDOWMENT FUND.

PART X, LINE 2:

LICKING COUNTY FOUNDATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. LICKING COUNTY FOUNDATION IS THE SOLE MEMBER OF THE SUBSIDIARY LLCs WHICH ARE TREATED AS DISREGARDED ENTITIES FOR TAX PURPOSES. AS OF DECEMBER 31, 2021

Part XIII Supplemental Information (continued)

AND 2020, A PROVISION FOR UNRELATED BUSINESS INCOME TAX HAS BEEN RECORDED FOR \$405,086 AND \$20,000, RESPECTIVELY. THERE WERE NO UNRECOGNIZED TAX POSITIONS AS OF DECEMBER 31, 2021 AND 2020. LCF'S INCOME TAX RETURNS REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, AS WELL AS VARIOUS STATE AND LOCAL TAXING AUTHORITIES, GENERALLY FOR THREE YEARS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT TRANSACTIONS 2,683,495.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT TRANSACTIONS 286,893.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **LICKING COUNTY FOUNDATION INC.** Employer identification number ****-***0702**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A CALL TO COLLEGE 314 GRANVILLE ST. NEWARK, OH 43055	●●*: *—** - *503802(3)		85,549.	0.			FOR THE ANNUAL SPRING TRIP TO WASHINGTON DC FOR ALL NCS 8TH GRADE STUDENTS
A CALL TO COLLEGE 314 GRANVILLE ST. NEWARK, OH 43055	●●*: *—** - *503802(3)		61,952.	0.			FOR LAST DOLLAR GRANTS
A CALL TO COLLEGE 314 GRANVILLE ST. NEWARK, OH 43055	●●*: *—** - *503802(3)		5,908.	0.			FOR GENERAL PURPOSES
AMERICAN RED CROSS 143 S. 30TH STREET NEWARK, OH 43055	●●*: *—** - *505605(3)		25,000.	0.			FOR GENERAL OPERATING SUPPORT
AMERICAN RED CROSS 143 S. 30TH STREET NEWARK, OH 43055	●●*: *—** - *505605(3)		30,157.	0.			LC CARES ACT NONPROFIT RELIEF GRANT
BEHAVIORAL HEALTHCARE PARTNERS OF CENTRAL OHIO, INC. - 65 MESSIMER DRIVE - NEWARK, OH 43055	●●*: *—** - *502600(3)		20,000.	0.			FOR GENERAL OPERATING SUPPORT, WITH THE SPECIFIC INTENTION TO SUPPORT THE CREATION OF A

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 129.

3 Enter total number of other organizations listed in the line 1 table ▶ 12.

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF LICKING & PERRY COUNTIES - 62 WEST LOCUST STREET - NEWARK, OH 43055	●●*: *___* - 50100D(3)		20,000.	0.			TO SUPPORT PHYSICAL, EDUCATIONAL, CULTURAL, AND RECREATIONAL OPPORTUNITIES AND
BOYS & GIRLS CLUB OF CENTRAL OHIO, INC. - 1108 CITY PARK AVENUE, SUITE 301 - COLUMBUS, OH 43206	●●*: *___* - 50760F(3)		15,000.	0.			\$12,905.00 FOR GENERAL OPERATING SUPPORT, AND \$2,095.00 TO SUPPORT RECREATIONAL AND
BOYS & GIRLS CLUB OF NEWARK PO BOX 271 NEWARK, OH 43058-0271	●●*: *___* - 50760F(3)		18,288.	0.			FOR THE PURPOSE OF GENERAL OPERATIONS
BRYN DU COMMISSION 537 JONES RD. GRANVILLE, OH 43023	●●*: *___* - 50380Y(3)		14,500.	0.			LICKING COUNTY CARES ACT NONPROFIT RELIEF FUND GRANT
BUCKEYE VALLEY FAMILY YMCA 470 W CHURCH ST NEWARK, OH 43055	●●*: *___* - 50310I(3)		7,622.	0.			TO THE YMCA ENDOWMENT FUND TO SUPPORT YOUTH PROGRAMS
BUCKEYE VALLEY FAMILY YMCA 470 W CHURCH ST NEWARK, OH 43055	●●*: *___* - 50310I(3)		25,000.	0.			MULTI-YEAR GRANT, YEAR THREE
BUCKEYE VALLEY FAMILY YMCA 470 W CHURCH ST NEWARK, OH 43055	●●*: *___* - 50310I(3)		180,244.	0.			FOR THE ANNUAL MORTGAGE PAYMENT FOR THE CHRISTINE WARNER CHILD CARE CENTER
CAMP O'BANNON OF LICKING COUNTY, INC. - 9688 BUTLER ROAD NE - NEWARK, OH 43055	●●*: *___* - 50140D(3)		7,760.	0.			\$5,030.00 FOR GENERAL OPERATING SUPPORT OF, AND \$9,970.00 TO SUPPORT PHYSICAL, EDUCATIONAL,
CAMP O'BANNON OF LICKING COUNTY, INC. - 9688 BUTLER ROAD NE - NEWARK, OH 43055	●●*: *___* - 50140D(3)		10,000.	0.			TO SUPPORT 2021 CAMP OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANAL MARKET DISTRICT AND ENTERPRISE HUB - PO BOX 4217 - NEWARK, OH 43058-4217	●●*: *___* - 503865(3)		10,000.	0.			FOR GENERAL OPERATING SUPPORT
CAROL STRAWN CENTER P.O. BOX 398 NEWARK, OH 43058-0398	●●*: *___* - 505561(3)		6,496.	0.			LC CARES ACT NONPROFIT RELIEF GRANT
CATHOLIC SOCIAL SERVICES 197 E. GAY ST. COLUMBUS, OH 43215	●●*: *___* - 509407(3)		40,000.	0.			LC CARES ACT NONPROFIT RELIEF GRANT
CATHOLIC SOCIAL SERVICES 197 E. GAY ST. COLUMBUS, OH 43215	●●*: *___* - 509407(3)		15,000.	0.			LC CARES ACT NONPROFIT RELIEF GRANT
CDF FREEDOM SCHOOLS OF LICKING COUNTY - 734 SHERWICK ROAD - NEWARK, OH 43055	●●*: *___* - 505043(3)		25,000.	0.			MULTI-YEAR GRANT YEAR THREE
CENTRAL OHIO TECHNICAL COLLEGE OFFICE OF FINANCIAL AID, 1179 UNIVERSITY DRIVE - NEWARK, OH 43055	●●*: *___* - 502001(3)		20,375.	0.			INVOICE #913714, SPRING SEMESTER 2020-21SY FEIL SCHOLARSHIPS
CENTRAL OHIO TECHNICAL COLLEGE OFFICE OF FINANCIAL AID, 1179 UNIVERSITY DRIVE - NEWARK, OH 43055	●●*: *___* - 502001(3)		19,525.	0.			FOR GENERAL PURPOSES
CENTRAL OHIO TECHNICAL COLLEGE 1179 UNIVERSITY DRIVE NEWARK, OH 43055	●●*: *___* - 502001(3)		16,109.	0.			TO BE USED FOR SCHOLARSHIPS AND OTHER COLLEGE USES
CENTRAL OHIO TECHNICAL COLLEGE OFFICE OF FINANCIAL AID, 1179 UNIVERSITY DRIVE - NEWARK, OH 43055	●●*: *___* - 502001(3)		9,073.	0.			TO PROVIDE SCHOLARSHIPS FOR WORTHY HIGH SCHOOL GRADUATES, WHO NEED HELP TO ATTEND CENTRAL OHIO

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL OHIO YOUTH BALLET PO BOX 735 NEWARK, OH 43058-0735	●●*: *—** - *508602	115(3)	23,000.	0.			LICKING COUNTY CARES ACT NONPROFIT RELIEF FUND GRANT
CITY OF NEWARK 40 W MAIN ST, 2ND FLOOR NEWARK, OH 43055	●●*: *—** - *119237		16,192.	0.			SUPPORT COSTS OF LABOR AND MATERIALS RELATED TO BUILDING BIKING TRAILS AT HORNS HILL PARK
CITY OF NEWARK 40 W MAIN ST, 2ND FLOOR NEWARK, OH 43055	●●*: *—** - *119237		10,000.	0.			TO SUPPORT PARK IMPROVEMENT PROJECTS WITHIN THE CITY, INCLUDING BEAUTIFICATION,
CITY OF NEWARK 40 W MAIN ST, 2ND FLOOR NEWARK, OH 43055	●●*: *—** - *119237		24,198.	0.			LABOR AND MATERIALS FOR CONTINUED IMPROVEMENT OF THE MOUNTAIN BIKING TRAILS
CITY OF NEWARK, DIVISION OF FIRE / EMS - 75 S 4TH ST - NEWARK, OH 43055		115	10,500.	0.			TO SUPPORT PURCHASE OF NEW UTV FOR BIKE TRAIL EMERGENCIES.
CROTON CHURCH OF CHRIST PO BOX 206, 40 S. MAIN ST. CROTON, OH 43013	●●*: *—** - *505655	(3)	8,105.	0.			FOR GENERAL PURPOSES
CROTON UNITED METHODIST CHURCH PO BOX 127 CROTON, OH 43013	●●*: *—** - *507701	(3)	8,105.	0.			FOR GENERAL PURPOSES
FIRST UNITED METHODIST CHURCH PO BOX 729 NEWARK, OH 43058-0729	●●*: *—** - *507701	(3)	8,000.	0.			GENERAL SUPPORT AND PARKING LOT REPAIR
FIRST UNITED METHODIST CHURCH PO BOX 729 NEWARK, OH 43058-0729	●●*: *—** - *507701	(3)	7,622.	0.			FOR (1) FLOWERS FOR ALTAR; (2) SUPPORT FOR THE MUSIC DEPARTMENT; AND (3) SUPPORT FOR THE YOUTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOSTERING FURTHER PO BOX 365 PATASKALA, OH 43062	●●*: *—** - *502009(3)		5,500.	0.			\$4,500 FOR GRANT-A-WISH REQUESTS, AND \$1,000 FOR INCENTIVES FOR YOUTH.
FOSTERING FURTHER PO BOX 365 PATASKALA, OH 43062	●●*: *—** - *502009(3)		10,000.	0.			SUPPORT OF FIRST-YEAR OPERATING EXPENSES OF THE FOSTERING FURTHER/STARTING STRONG
FOSTERING FURTHER PO BOX 365 PATASKALA, OH 43062	●●*: *—** - *502009(3)		10,000.	0.			FOR GENERAL OPERATING SUPPORT
FOUNDATION FOR HOSPICE OF CENTRAL OHIO - 2269 CHERRY VALLEY RD. - NEWARK, OH 43055	●●*: *—** - *505005(3)		17,513.	0.			FOR GENERAL PURPOSES
FRIENDS OF BUCKEYE LAKE LIBRARY, INC. - PO BOX 708, 41 WEST FIRST STREET - BUCKEYE LAKE, OH 43008	●●*: *—** - *507002(3)		9,600.	0.			LICKING COUNTY CARES ACT NONPROFIT RELIEF FUND GRANT
FRIENDS OF THE LICKING COUNTY LIBRARY, INC. - 101 W. MAIN ST. - NEWARK, OH 43055	●●*: *—** - *507000(3)		10,000.	0.			TO SUPPORT PHYSICAL, EDUCATIONAL, CULTURAL, AND RECREATIONAL OPPORTUNITIES AND
GRANVILLE PUBLIC LIBRARY 217 E BROADWAY GRANVILLE, OH 43023	●●*: *—** - *111361		23,808.	0.			DISBURSEMENT OF 2021 SPENDABLE AMOUNT
HABITAT FOR HUMANITY MIDOHIO 6665 BUSCH BOULEVARD COLUMBUS, OH 43229	●●*: *—** - *507004(3)		10,000.	0.			TO SUPPORT PROGRAMS IN LICKING COUNTY, INCLUDING BUT NOT LIMITED TO ESTABLISHING A RESTORE IN
HARTFORD LIBRARY ASSOCIATION PO BOX 313, 11 S PARK CROTON, OH 43013	●●*: *—** - *505500(3)		8,107.	0.			FOR GENERAL PURPOSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HEARTBEATS FOR LIFE 336 E MAIN ST NEWARK, OH 43055	●●*: *—** - 505601(3)		15,000.	0.			FOR CAPITAL CAMPAIGN
HEARTBEATS FOR LIFE 336 E MAIN ST NEWARK, OH 43055	●●*: *—** - 505601(3)		10,000.	0.			FOR GENERAL PURPOSES
HEATH COMMUNITY ARTS COUNCIL 301 CENTRAL PARKWAY HEATH, OH 43056	●●*: *—** - 501007(3)		19,137.	0.			LICKING COUNTY CARES ACT NONPROFIT RELIEF FUND GRANT
HEBRON NEW LIFE UNITED METHODIST CHURCH - 925 W MAIN ST, HEBRON, OH 43025 - HEBRON, OH 43025	●●*: *—** - 509105(3)		7,500.	0.			TO SUPPORT THE NEW LIFE BABY PANTRY
HULLABALOO PERFORMING ARTS THEATRE 151 GLYN CARIN LANE GRANVILLE, OH 43023	●●*: *—** - 509107(3)		20,000.	0.			LICKING COUNTY CARES ACT NONPROFIT RELIEF FUND GRANT
I AM BOUNDLESS, INC. 445 E. DUBLIN GRANVILLE RD., BLDG G WORTHINGTON, OH 43085	●●*: *—** - 507000(3)		10,000.	0.			CREATING AN INDOOR RECREATION SPACE FOR STUDENTS IN THE NEWARK PROGRAM
I AM BOUNDLESS, INC. 445 E. DUBLIN GRANVILLE RD., BLDG G WORTHINGTON, OH 43085	●●*: *—** - 507000(3)		10,000.	0.			TO SUPPORT YOUTH PROGRAMMING LOCATED IN LICKING COUNTY, INCLUDING PARENT DIRECTED PROGRAM
I AM BOUNDLESS, INC. 445 E. DUBLIN GRANVILLE RD., BLDG G WORTHINGTON, OH 43085	●●*: *—** - 507000(3)		10,000.	0.			TO SUPPORT YOUTH PROGRAMMING LOCATED IN LICKING COUNTY, INCLUDING PARENT DIRECTED PROGRAM
KINGDOM PILLARS P.O. BOX 108 NEWARK, OH 43058-0108	●●*: *—** - 505405(3)		7,500.	0.			FOR GENERAL OPERATING SUPPORT AS YOU DEVELOP YOUR PROJECT HOME FACILITY

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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KIRKERSVILLE UNITED METHODIST CHURCH - 180 E MAIN ST - KIRKERSVILLE, OH 43033	●●*: *___* - 508808(3)		5,500.	0.			SUPPORT OF THE CHARITABLE NEEDS OF HARRISON TOWNSHIP RESIDENTS
LICKING COUNTY AGING PROGRAM 1058 E MAIN ST NEWARK, OH 43055	●●*: *___* - 507651(3)		30,000.	0.			MULTI-YEAR GRANT, YEAR THREE
LICKING COUNTY AGING PROGRAM 1058 E MAIN ST NEWARK, OH 43055	●●*: *___* - 507651(3)		5,500.	0.			SUPPORT OF LCAP PROGRAMS ASSISTING RESIDENTS OF HARRISON TWP
LICKING COUNTY ALCOHOLISM PREVENTION PROGRAM - 62 E. STEVENS ST. - NEWARK, OH 43055	●●*: *___* - 505505(3)		7,500.	0.			FOR GENERAL OPERATING SUPPORT
LICKING COUNTY BOARD OF DEVELOPMENTAL DISABILITIES - 116 N. 22ND ST. - NEWARK, OH 43055	●●*: *___* - 501004(3)		12,500.	0.			TO SERVE THE UNMET NEEDS OF LICKING COUNTY CHILDREN WITH DEVELOPMENTAL
LICKING COUNTY BOARD OF DEVELOPMENTAL DISABILITIES - 116 N. 22ND ST. - NEWARK, OH 43055	●●*: *___* - 501004(3)		12,500.	0.			TO SERVE THE UNMET NEEDS OF DEVELOPMENTALLY DISABLED CHILDREN IN LICKING COUNTY.
LICKING COUNTY COALITION FOR HOUSING - PO BOX 613, 23 S PARK PLACE, SUITE 200 - NEWARK, OH 43058-0613	●●*: *___* - 509705(3)		7,500.	0.			TO SUPPORT LCCHS HOUSING ASSISTANCE PROGRAMS SERVING LICKING COUNTY RESIDENTS
LICKING COUNTY COALITION FOR HOUSING - PO BOX 613, 23 S PARK PLACE, SUITE 200 - NEWARK, OH 43058-0613	●●*: *___* - 509705(3)		5,896.	0.			FULL DISTRIBUTION OF LCCH FUND
LICKING COUNTY COALITION OF CARE PO BOX 8663, 105 JEFFERSON ST. NEWARK, OH 43058-8663	●●*: *___* - 502102(3)		5,500.	0.			ASSISTANCE WITH THE CHARITABLE NEEDS OF HARRISON TOWNSHIP RESIDENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LICKING COUNTY COALITION OF CARE PO BOX 8663, 105 JEFFERSON ST. NEWARK, OH 43058-8663	●●*: *—**-*502102(3)		7,500.	0.			FOR GENERAL OPERATING SUPPORT
LICKING COUNTY COMMISSIONERS 20 S. 2ND STREET NEWARK, OH 43055		115	30,000.	0.			UNUSED CARES ACT FUNDS; MOU 20-035(A)(B)(C)
LICKING COUNTY COMMUNITY CENTER FOR 60+ ADULTS - P.O. BOX 257, 537 JONES ROAD - GRANVILLE, OH 43023	●●*: *—**-*501502(3)		7,500.	0.			FOR GENERAL OPERATING SUPPORT
LICKING COUNTY COMMUNITY HEALTH CARE - 144 W. MAIN ST. - NEWARK, OH 43055	●●*: *—**-*501109(3)		7,500.	0.			TO SUPPORT THE PURCHASE OF MEDICINE AND SUPPLIES NEEDED FOR LICKING COUNTY RESIDENTS WITHOUT HEALTH
LICKING COUNTY HISTORICAL SOCIETY PO BOX 785 NEWARK, OH 43058-0785	●●*: *—**-*503005(3)		9,151.	0.			LICKING COUNTY CARES ACT NONPROFIT RELIEF FUND GRANT
LICKING COUNTY HISTORICAL SOCIETY PO BOX 785 NEWARK, OH 43058-0785	●●*: *—**-*503005(3)		5,081.	0.			FOR MAINTAINING THE BUCKINGHAM HOUSE & SHERWOOD-DAVIDSON HOUSE
LICKING COUNTY HISTORICAL SOCIETY PO BOX 785 NEWARK, OH 43058-0785	●●*: *—**-*503005(3)		7,556.	0.			FOR GENERAL SUPPORT
LICKING COUNTY HISTORICAL SOCIETY PO BOX 785 NEWARK, OH 43058-0785	●●*: *—**-*503005(3)		10,293.	0.			FOR GENERAL PURPOSES
LICKING COUNTY HUMANE SOCIETY 825 THORNWOOD DR. HEATH, OH 43056-9320	●●*: *—**-*502704(3)		40,000.	0.			LC CARES ACT NONPROFIT RELIEF GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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LICKING COUNTY HUMANE SOCIETY 825 THORNWOOD DR. HEATH, OH 43056-9320	●●*: *—** - 502704(3)		5,081.	0.			FOR GENERAL PURPOSES
LICKING COUNTY JAIL MINISTRIES PO BOX 535, 503 HULL ST. NEWARK, OH 43058-0535	●●*: *—** - 502209(3)		10,000.	0.			FOR GENERAL OPERATING SUPPORT OF THE VERTICAL 196 PROGRAM
LICKING COUNTY PLAYERS 131 WEST MAIN STREET NEWARK, OH 43055	●●*: *—** - 509003(3)		15,000.	0.			FOR GENERAL OPERATING SUPPORT
LICKING/KNOX GOODWILL INDUSTRIES PO BOX 828, 55 S. 5TH ST. NEWARK, OH 43058-0828	●●*: *—** - 501702(3)		16,600.	0.			FOR 2021 SESSION 2 SCHOLARSHIPS
LICKING/KNOX GOODWILL INDUSTRIES PO BOX 828, 55 S. 5TH ST. NEWARK, OH 43058-0828	●●*: *—** - 501702(3)		18,785.	0.			FOR 2021 SCHOLARSHIP SESSION 1
LICKING/KNOX GOODWILL INDUSTRIES PO BOX 828, 55 S. 5TH ST. NEWARK, OH 43058-0828	●●*: *—** - 501702(3)		12,000.	0.			SCHOLARSHIP PROGRAM - SESSION 2, 2020
LICKING MEMORIAL HEALTH FOUNDATION 1320 WEST MAIN STREET NEWARK, OH 43055	●●*: *—** - 505007(3)		25,000.	0.			MULTI-YEAR GRANT, YEAR THREE
LICKING MEMORIAL HEALTH FOUNDATION 1320 WEST MAIN STREET NEWARK, OH 43055	●●*: *—** - 505007(3)		25,000.	0.			MULTI-YEAR GRANT YEAR THREE
LOOK UP MINISTRIES 50 O'BANNON AVENUE NEWARK, OH 43055	●●*: *—** - 508107(3)		75,000.	0.			TO SUPPORT CURRENT CAPITAL NEEDS, PARTICULARLY AS THEY RELATE TO THE NECESSARY

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MADISON HEALTH FOUNDATION 210 N MAIN ST LONDON, OH 43140	●●*: *—** - *503504(3)		10,000.	0.			TO HONOR THE SERVICE OF TOM COX
MARSHALL UNIVERSITY FOUNDATION, INC. - 519 JOHN MARSHALL DRIVE - HUNTINGTON, WV 25703	●●*: *—** - *501101(3)		7,169.	0.			FOR GRADUATE SCHOLARSHIPS IN THE PSYCHOLOGY DEPARTMENT AS A MEMORIAL TO DR. MADELEINE HOFFMAN
MENTAL HEALTH AMERICA OF LICKING COUNTY, INC. - 65 MESSIMER DR - NEWARK, OH 43055	●●*: *—** - *501055(3)		30,000.	0.			MULTI-YEAR GRANT, YEAR THREE
MENTAL HEALTH AMERICA OF LICKING COUNTY, INC. - 65 MESSIMER DR - NEWARK, OH 43055	●●*: *—** - *501055(3)		10,000.	0.			FOR GENERAL OPERATING SUPPORT
MENTAL HEALTH AMERICA OF LICKING COUNTY, INC. - 65 MESSIMER DR - NEWARK, OH 43055	●●*: *—** - *501055(3)		20,000.	0.			MULTI-YEAR GRANT, YEAR THREE
MY PLACE TO BE 1621 N. 21ST STREET NEWARK, OH 43055	●●*: *—** - *507025(3)		18,378.	0.			LC CARES ACT NONPROFIT RELIEF GRANT
NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION - 525 EAST MOUND STREET - COLUMBUS, OH 43215	●●*: *—** - *505050(3)		77,167.	0.			GENERAL SUPPORT
NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION - 525 EAST MOUND STREET - COLUMBUS, OH 43215	●●*: *—** - *505050(3)		19,567.	0.			FOR GENERAL PURPOSES
NEWARK CENTRAL CHRISTIAN CHURCH 587 MT. VERNON RD. NEWARK, OH 43055	●●*: *—** - *501054(3)		12,090.	0.			SEE SPECIAL CONDITIONS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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NEWARK CITY SCHOOLS 621 MOUNT VERNON ROAD NEWARK, OH 43055-4615	●●*: *___* - *119796		8,426.	0.			FOR SCHOLARSHIPS FOR ANY TYPE OF ADVANCED EDUCATION BEYOND HIGH SCHOOL FOR ANY
NEWARK DEVELOPMENT PARTNERS PO BOX 4532 NEWARK, OH 43058-4532	●●*: *___* - *501107(3)		24,370.	0.			TO SUPPORT THE ARCADE RENOVATION PROJECT IN NEWARK
NEWARK DEVELOPMENT PARTNERS PO BOX 4532 NEWARK, OH 43058-4532	●●*: *___* - *501107(3)		150,000.	0.			THE NEWARK ARCADE CAPITAL CAMPAIGN
NEWARK-GRANVILLE SYMPHONY ORCHESTRA - PO BOX 566 - GRANVILLE, OH 43023	●●*: *___* - *503408(3)		20,000.	0.			MULTI-YEAR GRANT, YEAR THREE
NEWARK-GRANVILLE SYMPHONY ORCHESTRA - PO BOX 566 - GRANVILLE, OH 43023	●●*: *___* - *503408(3)		8,863.	0.			FOR GENERAL PURPOSES
NEWARK MIDLAND THEATRE ASSOCIATION PO BOX 550 NEWARK, OH 43058-0550	●●*: *___* - *501103(3)		12,550.	0.			THE MIDLAND THEATRES ITS SHOWTIME COMPREHENSIVE CAMPAIGN FOR CAPITAL IMPROVEMENTS
NEWARK MIDLAND THEATRE ASSOCIATION PO BOX 550 NEWARK, OH 43058-0550	●●*: *___* - *501103(3)		40,000.	0.			LC CARES ACT NONPROFIT RELIEF GRANT
NEWARK MIDLAND THEATRE ASSOCIATION PO BOX 550 NEWARK, OH 43058-0550	●●*: *___* - *501103(3)		30,000.	0.			MULTI-YEAR GRANT, YEAR THREE
NEWARK MIDLAND THEATRE ASSOCIATION PO BOX 550 NEWARK, OH 43058-0550	●●*: *___* - *501103(3)		40,000.	0.			LICKING COUNTY CARES ACT NONPROFIT RELIEF FUND GRANT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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NEWARK ORGANIZATION FOR THE CREATIVE ARTS - 33 W. CHURCH STREET - NEWARK, OH 43055	●●*: *___* - *501701(3)		8,460.	0.			TO SUPPORT THE PROMOTION OF THE ARTS IN LICKING COUNTY THROUGH THE DEVELOPMENT OF NEWARK
NEW LEXINGTON UNITED METHODIST CHURCH - 126 SOUTH HIGH STREET - NEW LEXINGTON, OH 43764		501(C)(3)	5,081.	0.			FOR FLOWERS FOR ALTAR & SUPPORT MUSIC DEPARTMENT & BUILDING FUND FOR CAPITAL IMPROV.
NEWTON FIRE DEPARTMENT 1 FIRE HOUSE DRIVE, PO BOX 182 ST. LOUISVILLE, OH 43071		501(C)(3)	10,000.	0.			TO SUPPORT RTHE DEPARTMENT'S EMS
OHIO CAMPUS COMPACT 631 NORTH PEARL ST. GRANVILLE, OH 43023	●●*: *___* - *507408(3)		19,803.	0.			LC CARES ACT NONPROFIT RELIEF GRANT
OHIO STATE LEGAL SERVICES ASSOCIATION - 1108 CITY PARK AVENUE, SUITE 200 - COLUMBUS, OH 43206	●●*: *___* - *508105(3)		10,000.	0.			MULTI-YEAR GRANT, YEAR THREE
OHIO STATE LEGAL SERVICES ASSOCIATION - 1108 CITY PARK AVENUE, SUITE 200 - COLUMBUS, OH 43206	●●*: *___* - *508105(3)		15,000.	0.			MULTI-YEAR GRANT, YEAR THREE
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43221	●●*: *___* - *505005(3)		10,000.	0.			THE OPHTHALMOLOGY EXCELLENCE FUND TO SUPPORT PURCHASE OF NOVEL IMAGING TECHNOLOGY
OHIO UNIVERSITY SOUTHERN 1804 LIBERTY AVENUE IRONTON, OH 45638	●●*: *___* - *502009(3)		21,518.	0.			FOR GENERAL PURPOSES
PATHWAYS OF CENTRAL OHIO 1627 BRYN MAWR DRIVE NEWARK, OH 43055	●●*: *___* - *505705(3)		40,000.	0.			LICKING COUNTY CARES ACT NONPROFIT RELIEF GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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PATHWAYS OF CENTRAL OHIO 1627 BRYN MAWR DRIVE NEWARK, OH 43055	●●*: *—** - 505705(3)		10,000.	0.			CAPACITY BUILDING SUPPORT (SUCCESSION AND STRATEGIC PLANNING)
PATHWAYS OF CENTRAL OHIO 1627 BRYN MAWR DRIVE NEWARK, OH 43055	●●*: *—** - 505705(3)		6,273.	0.			LC CARES ACT NONPROFIT RELIEF GRANT
PHI DELTA THETA FOUNDATION GENERAL HEADQUARTERS, 2 SOUTH CAMPUS OXFORD, OH 45056		501(C)(3)	5,081.	0.			FOR A \$2,000 SCHOLARSHIP AWARDED TO MEMBER OF OHIO ALPHA CHAPTER FOR UNDERGRADUATE STUDY
PLAN OF CENTRAL OHIO 2201 RIVERSIDE DRIVE COLUMBUS, OH 43221-4035	●●*: *—** - 505400(3)		10,000.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL OHIO - 711 E. LIVINGSTON AVE. - COLUMBUS, OH 43205	●●*: *—** - 500102(3)		5,410.	0.			MULTI-YEAR GRANT, YEAR THREE
SAFE KIDS WORLDWIDE 1255 23RD ST NW STE 400 WASHINGTON, DC 20037-1151	●●*: *—** - 507504(3)		8,000.	0.			OHIO SMOKE ALARM / CO2 DETECTORS
SAFE KIDS WORLDWIDE 1255 23RD ST NW STE 400 WASHINGTON, DC 20037-1151	●●*: *—** - 507504(3)		40,000.	0.			OHIO SMOKE ALARM AND CO2 DETECTORS FOR FIRST PART OF 2022
SECOND PRESBYTERIAN CHURCH FINANCIAL OFFICE, PO BOX 428 NEWARK, OH 43058-0428	●●*: *—** - 501505(3)		9,073.	0.			TO PROVIDE HELP IN DEFRAYING THE COST OF ANY GREAT NEED
SECOND PRESBYTERIAN CHURCH FINANCIAL OFFICE, PO BOX 428 NEWARK, OH 43058-0428	●●*: *—** - 501505(3)		71,722.	0.			FOR SCHOLARSHIPS FOR PRESBYTERIAN STUDENTS IN PRESBYTERIAN COLLEGES & THEOLOGICAL SEMINARIES.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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SIMON KENTON COUNCIL, BOY SCOUTS OF AMERICA - 807 KINNEAR RD. - COLUMBUS, OH 43212	●●*: *___* - *508500(3)		9,067.	0.			FOR THE HERMAN S. BAUMAN SCOUTING ACHIEVEMENT AWARD
ST. FRANCIS DE SALES CHURCH 66 GRANVILLE ST NEWARK, OH 43055	●●*: *___* - *509545(3)		6,106.	0.			GENERAL SUPPORT
ST. FRANCIS DE SALES CHURCH 66 GRANVILLE ST NEWARK, OH 43055	●●*: *___* - *509545(3)		20,000.	0.			FOR GENERAL PURPOSES
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC - 501 ST JUDE PLACE - MEMPHIS, TN 38105	●●*: *___* - *505002(3)		6,106.	0.			GENERAL SUPPORT
ST. VINCENT DE PAUL HOUSING FACILITIES, INC. - 115 WILSON STREET - NEWARK, OH 43055	●●*: *___* - *501705(3)		7,500.	0.			GENERAL OPERATING SUPPORT
THE DAWES ARBORETUM 7770 JACKSONTOWN RD, SE NEWARK, OH 43056	●●*: *___* - *509601(3)		10,000.	0.			FOR GENERAL OPERATING SUPPORT, OR TO SUPPORT A SPECIFIC ART INSTALLATION
THE OHIO STATE UNIVERSITY AT NEWARK - OFFICE OF FINANCIAL AID, 1179 UNIVERSITY DRIVE - NEWARK, OH 43055	●●*: *___* - *505005(3)		30,700.	0.			ALTHEA & NORMAN SLEIGHT SCHOLARSHIPS, SY 2020-21 AUTUMN
THE OHIO STATE UNIVERSITY AT NEWARK - OFFICE OF FINANCIAL AID, 1179 UNIVERSITY DRIVE - NEWARK, OH 43055	●●*: *___* - *505005(3)		33,508.	0.			PASTORIUS BATTAT SCHOLARSHIPS
THE OHIO STATE UNIVERSITY AT NEWARK - 1179 UNIVERSITY DRIVE - NEWARK, OH 43055	●●*: *___* - *505005(3)		16,109.	0.			TO BE USED FOR SCHOLARSHIPS AND OTHER COLLEGE USES

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY PO BOX 774, 250 E. MAIN ST. NEWARK, OH 43058-0774	●●*: *—** - *50100B(3)		7,500.	0.			\$1,440.00 TO SUPPORT THE UPCOMING SCHOOL SUPPLY DRIVE FOR LICKING COUNTY STUDENTS, AND \$7,500.00
THE SALVATION ARMY PO BOX 774, 250 E. MAIN ST. NEWARK, OH 43058-0774	●●*: *—** - *50100B(3)		12,090.	0.			FOR GENERAL SUPPORT
THE SALVATION ARMY PO BOX 774, 250 E. MAIN ST. NEWARK, OH 43058-0774	●●*: *—** - *50100B(3)		6,106.	0.			GENERAL SUPPORT
THE WOODLANDS SERVING CENTRAL OHIO, INC. - 195 UNION ST STE B 1 - NEWARK, OH 43055	●●*: *—** - *50100A(3)		7,500.	0.			GENERAL OPERATING SUPPORT
THE WORKS: OHIO CENTER FOR HISTORY, ART & TECHNOLOGY - 55 S. FIRST ST. - NEWARK, OH 43055	●●*: *—** - *505001(3)		32,673.	0.			FOR GENERAL PURPOSES
TOGETHER WE GROW INC. 777 EAST MAIN STREET NEWARK, OH 43055	●●*: *—** - *505007(3)		10,000.	0.			GENERAL OPERATING SUPPORT
TRINITY EPISCOPAL CHURCH 76 E MAIN ST NEWARK, OH 43055	●●*: *—** - *507001(3)		21,077.	0.			FOR GENERAL PURPOSES
TRI-VILLAGE CHRISTIAN CHURCH 7509 E. BROAD STREET SW PATASKALA, OH 43062	●●*: *—** - *509001(3)		5,500.	0.			SUPPORT OF CHARITABLE NEEDS OF HARRISON TOWNSHIP RESIDENTS
UNITED WAY OF LEE COUNTY 7273 CONCOURSE DR FORT MYERS, FL 33908	●●*: *—** - *505109(3)		10,000.	0.			FOR GENERAL PURPOSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF LICKING COUNTY PO BOX 4490 NEWARK, OH 43058-4490	●●*: *—** - *509455(3)		7,556.	0.			FOR GENERAL SUPPORT
UTICA VOLUNTEER FIRE DEPARTMENT - DIVISION OF EMS - 39 SPRING STREET - UTICA, OH 43080	●●*: *—** - *507608(3)		10,000.	0.			SUPPORT OF UTICA VOLUNTEER EMS
WEATHERVANE PLAYHOUSE PO BOX 607 NEWARK, OH 43058-0607	●●*: *—** - *501665(3)		40,000.	0.			LICKING COUNTY CARES ACT NONPROFIT RELIEF FUND GRANT
WEST LICKING COUNTY FAMILY YMCA P.O. BOX 1495 PATASKALA, OH 43062	●●*: *—** - *503101(3)		5,500.	0.			SUPPORTING CHARITABLE NEEDS OF HARRISON TOWNSHIP RESIDENTS
WEST LICKING FIREFIGHTERS ASSOCIATION - P.O. BOX 1120, 428 JEFFERSON STREET - PATASKALA, OH 43062	●●*: *—** - *508061(3)		6,548.	0.			LC CARES ACT NONPROFIT RELIEF GRANT
WEST LICKING SPECIAL OLYMPICS 371 MEADOW WAY SW PATASKALA, OH 43062	●●*: *—** - *503468(3)		6,764.	0.			LICKING COUNTY CARES ACT NONPROFIT RELIEF FUND GRANT
WHOLE LIVING RECOVERY 4167 NORTHRIDGE ROAD ALEXANDRIA, OH 43001	●●*: *—** - *505068(3)		10,000.	0.			GENERAL OPERATING SUPPORT TO SUPPORT THE
WYATT ADKINS HEART ORGANIZATION 103 FLOWERS DR. NEWARK, OH 43055	●●*: *—** - *501702(3)		19,322.	0.			ESTABLISHMENT AND MAINTENANCE OF COMMUNITY RECREATIONAL FACILITIES;

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	328	1,230,455.	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:

MONITORING USE OF GRANT FUNDS - THE FOUNDATION REQUIRES AN INTERIM REPORT AND FINAL GRANT REPORT FROM GRANT RECIPIENTS TO DOCUMENT THE USE OF THE FUNDS AND TO ASSESS COMMUNITY IMPACT AND VALUE. ANY FUNDS NOT USED FOR THE APPROVED PROJECT MUST BE RETURNED. FOR SCHOLARSHIPS, THE FOUNDATION MAKES PAYMENTS DIRECTLY TO THE COLLEGE OR UNIVERSITY AND THUS ENSURES THAT ITS FUNDS ARE USED FOR EDUCATIONAL PURPOSES.

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

BEHAVIORAL HEALTHCARE PARTNERS OF CENTRAL OHIO, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, WITH THE SPECIFIC INTENTION TO SUPPORT THE CREATION OF A HOMELESS OUTREACH SPECIALIST POSITION

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHERS BIG SISTERS OF LICKING & PERRY COUNTIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PHYSICAL, EDUCATIONAL, CULTURAL, AND RECREATIONAL OPPORTUNITIES AND ASSISTANCE TO BENEFIT AND SUPPORT CHILDREN THROUGH YOUR MENTORING PROGRAMS IN LICKING COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF CENTRAL OHIO, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$12,905.00 FOR GENERAL OPERATING SUPPORT, AND \$2,095.00 TO SUPPORT RECREATIONAL AND EDUCATIONAL ACTIVITIES FOR YOUTH (WITH PREFERENCE GIVEN TO ECONOMICALLY DISADVANTAGED CHILDREN) THROUGH, THE NEWARK CLUBHOUSES PROGRAM IN LICKING COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: CAMP O'BANNON OF LICKING COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,030.00 FOR GENERAL OPERATING SUPPORT OF, AND \$9,970.00 TO SUPPORT PHYSICAL, EDUCATIONAL, CULTURAL, AND RECREATIONAL OPPORTUNITIES AND ASSISTANCE TO BENEFIT AND SUPPORT CHILDREN (WITH PREFERENCE GIVEN TO ECONOMICALLY DISADVANTAGED CHILDREN) THROUGH, CA

NAME OF ORGANIZATION OR GOVERNMENT: CAMP O'BANNON OF LICKING COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,030.00 FOR GENERAL OPERATING

Part IV Supplemental Information

SUPPORT OF, AND \$9,970.00 TO SUPPORT PHYSICAL, EDUCATIONAL, CULTURAL, AND RECREATIONAL OPPORTUNITIES AND ASSISTANCE TO BENEFIT AND SUPPORT CHILDREN (WITH PREFERENCE GIVEN TO ECONOMICALLY DISADVANTAGED CHILDREN) THROUGH, CA

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL OHIO TECHNICAL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SCHOLARSHIPS FOR WORTHY HIGH SCHOOL GRADUATES, WHO NEED HELP TO ATTEND CENTRAL OHIO TECHNICAL COLLEGE OR THE NEWARK CAMPUS OF THE OHIO STATE UNIVERSITY

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF NEWARK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PARK IMPROVEMENT PROJECTS WITHIN THE CITY, INCLUDING BEAUTIFICATION, IMPROVED ACCESS, AND ADA-COMPLIANCE

NAME OF ORGANIZATION OR GOVERNMENT: FIRST UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR (1) FLOWERS FOR ALTAR; (2) SUPPORT FOR THE MUSIC DEPARTMENT; AND (3) SUPPORT FOR THE YOUTH DEPARTMENT

NAME OF ORGANIZATION OR GOVERNMENT: FOSTERING FURTHER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF FIRST-YEAR OPERATING EXPENSES OF THE FOSTERING FURTHER/STARTING STRONG PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

FRIENDS OF THE LICKING COUNTY LIBRARY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PHYSICAL, EDUCATIONAL, CULTURAL, AND RECREATIONAL OPPORTUNITIES AND ASSISTANCE TO BENEFIT AND

Part IV Supplemental Information

SUPPORT CHILDREN THROUGH THE DOLLY PARTON IMAGINATION LIBRARY IN LICKING COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: HABITAT FOR HUMANITY MIDOHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAMS IN LICKING COUNTY, INCLUDING BUT NOT LIMITED TO ESTABLISHING A RESTORE IN LICKING CO.

NAME OF ORGANIZATION OR GOVERNMENT: I AM BOUNDLESS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT YOUTH PROGRAMMING LOCATED IN LICKING COUNTY, INCLUDING PARENT DIRECTED PROGRAM AND MULTI-SYSTEM YOUTH PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: I AM BOUNDLESS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT YOUTH PROGRAMMING LOCATED IN LICKING COUNTY, INCLUDING PARENT DIRECTED PROGRAM AND MULTI-SYSTEM YOUTH PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

LICKING COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SERVE THE UNMET NEEDS OF LICKING COUNTY CHILDREN WITH DEVELOPMENTAL DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: LICKING COUNTY COMMUNITY HEALTH CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PURCHASE OF MEDICINE AND SUPPLIES NEEDED FOR LICKING COUNTY RESIDENTS WITHOUT HEALTH INSURANCE OR LIMITED ACCESS TO THESE RESOURCES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LOOK UP MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CURRENT CAPITAL NEEDS, PARTICULARLY AS THEY RELATE TO THE NECESSARY HVAC UPDATES AND BUILDING EXPANSION FOR THE TRADES PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: MARSHALL UNIVERSITY FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GRADUATE SCHOLARSHIPS IN THE PSYCHOLOGY DEPARTMENT AS A MEMORIAL TO DR. MADELEINE HOFFMAN FEIL

NAME OF ORGANIZATION OR GOVERNMENT: NEWARK CITY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SCHOLARSHIPS FOR ANY TYPE OF ADVANCED EDUCATION BEYOND HIGH SCHOOL FOR ANY GRADUATE(S) OF THE NEWARK, OHIO PUBLIC SCHOOL SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT:

NEWARK ORGANIZATION FOR THE CREATIVE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PROMOTION OF THE ARTS IN LICKING COUNTY THROUGH THE DEVELOPMENT OF NEWARK ORGANIZATION FOR THE CREATIVE ARTS' (NOCA) SPACE IN NEWARK

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$1,440.00 TO SUPPORT THE UPCOMING SCHOOL SUPPLY DRIVE FOR LICKING COUNTY STUDENTS, AND \$7,500.00 FOR GENERAL OPERATING SUPPORT OF THE SHELTER IN NEWARK

NAME OF ORGANIZATION OR GOVERNMENT: WYATT ADKINS HEART ORGANIZATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ESTABLISHMENT AND MAINTENANCE OF COMMUNITY RECREATIONAL FACILITIES; SPECIFICALLY, CAPITAL

Part IV Supplemental Information

IMPROVEMENTS AT LEGACY PARK IN LICKING COUNTY

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
LICKING COUNTY FOUNDATION INC.

Employer identification number
****-***0702**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CONSTANCE J. HAWK EXECUTIVE DIRECTOR	(i)	135,125.	3,500.	0.	7,034.	9,780.	155,439.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DAVID TRAUTMAN, TIM LEHMAN	SEE PART V	291,583.	INVESTMENT		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DAVID TRAUTMAN, TIM LEHMAN

(D) DESCRIPTION OF TRANSACTION: INVESTMENT MANAGEMENT FEES

PART IV, COLUMN B - RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION

DAVID TRAUTMAN WAS THE PAST CHAIRMAN OF THE FOUNDATION AND ALSO AN

OFFICER OF PARK NATIONAL BANK. TIM LEHMAN IS A BOARD MEMBER OF THE

FOUNDATION AND A FORMER OFFICER OF PARK NATIONAL BANK. PARK NATIONAL

BANK'S TRUST DEPARTMENT MANAGED A MAJORITY OF THE FOUNDATION'S

INVESTMENT PORTFOLIO.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **LICKING COUNTY FOUNDATION INC.** Employer identification number ****-***0702**

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	39	1,874,690.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

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

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:

USE OF THIRD PARTIES - THE FOUNDATION USES ITS BANK OR OTHER INVESTMENT BROKERS TO SELL DONATED SECURITIES. THE FEES CHARGED FOR SUCH SERVICES ARE AT OR BELOW FAIR MARKET VALUE.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

LICKING COUNTY FOUNDATION INC.

Employer identification number

** - ***0702

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

FORM 990 REVIEW - FORM 990 IS REVIEWED BY THE GOVERNING COMMITTEE PRIOR TO
FILING.

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

MONITORING AND ENFORCEMENT OF CONFLICT POLICY - ANNUALLY, THE DIRECTOR
PROVIDES THE FOUNDATION'S CONFLICT OF INTEREST POLICY AND CONFLICT OF
INTEREST STATEMENT AND DISCLOSURE TO EACH GOVERNING COMMITTEE MEMBER, STAFF
MEMBER, AND COMMITTEE MEMBER (WHO IS NOT A BOARD MEMBER) TO READ AND
COMPLETE THE CONFLICT OF INTEREST STATEMENT. DISCLOSURE DOCUMENTS ARE
REVIEWED BY THE DIRECTOR. ANY POTENTIAL CONFLICTS ARE BROUGHT TO THE
ATTENTION OF THE GOVERNING COMMITTEE FOR ENFORCEMENT. A NOTEBOOK IS
COMPILED OF ALL STATEMENTS AND DISCLOSURES FOR READY ACCESS AND REFERENCE.
AT THE BEGINNING OF EACH BOARD MEETING, GOVERNING COMMITTEE MEMBERS ARE
ASKED TO DISCLOSE ANY NEW INTERESTS OR AFFILIATIONS.

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

COMPENSATION REVIEW AND APPROVAL - THE HUMAN RESOURCES COMMITTEE REVIEWED
THE ANNUAL SALARY SURVEY PROVIDED BY THE COUNCIL ON FOUNDATIONS FOR
RECOMMENDING THE COMPENSATION OF THE DIRECTOR, FINANCIAL OFFICER, PROGRAM
OFFICER, DONOR SERVICES OFFICER, PROGRAM ASSOCIATE, DONOR SERVICES
ASSOCIATE, AND OFFICE ADMINISTRATOR. THE GOVERNING COMMITTEE ALSO REVIEWED
THIS COMPARABILITY DATA FOR APPROVING THE COMPENSATION FOR THESE POSITIONS.
ALL OF THESE DELIBERATIONS WERE DOCUMENTED IN THE COMMITTEE AND BOARD
MEETING MINUTES.

Name of the organization LICKING COUNTY FOUNDATION INC.	Employer identification number ** - ***0702
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FORM 990, PART VI, SECTION C, LINE 19:

AVAILABILITY OF DOCUMENTS - GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AS STATED ON THE FOUNDATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

AGENCY ENDOWMENT TRANSACTIONS	-2,396,602.
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FORM 990, PART VI, LINE 11A:

PROVIDING FORM 990 TO BOARD MEMBERS - THE FOUNDATION BELIEVES THAT DONOR INFORMATION IS CONFIDENTIAL AND HAS CHOSEN TO REDACT THE NAMES AND ADDRESSES OF DONORS FROM SCHEDULE B FOR THE VERSION OF FORM 990 THAT IS GIVEN TO THE BOARD. AS SUCH, WE ARE REQUIRED TO RESPOND "NO" TO THE QUESTION ON LINE 11A OF PART VI EVEN THOUGH FORM 990 WAS DISTRIBUTED TO THE BOARD MEMBERS WITH INFORMATION REDACTED FROM SCHEDULE B.

**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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **LICKING COUNTY FOUNDATION INC.** Employer identification number ****-***0702**

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
LICKING COUNTY FOUNDATION PARKS, LLC - 31-1760702, 30 N. SECOND ST., NEWARK, OH 43058	REAL ESTATE	OHIO	0.	252,000.	LCF
LICKING COUNTY FOUNDATION INVEST. I, LLC - 31-1760702, 30 N. SECOND ST., NEWARK, OH 43058	REAL ESTATE	OHIO	0.	2,201,236.	LCF
LICKING COUNTY FND. INVEST. II, LLC - 31-1760702, 30 N. SECOND ST., NEWARK, OH 43058	REAL ESTATE	OHIO	334,750.	183,640.	LCF
LICKING COUNTY FOUNDATION PROGRAMS, LLC - 31-1760702, 30 N. SECOND ST., NEWARK, OH 43058	REAL ESTATE	OHIO	0.	633,119.	LCF

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

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

Schedule R (Form 990) 2021

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.

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on 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)				

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. LICKING COUNTY FOUNDATION INC.	Taxpayer identification number (TIN) ** - *** 0702
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 30 N. 2ND STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWARK, OH 43058-4212	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

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• The books are in the care of ▶ **30 N. 2ND STREET - NEWARK, OH 43058-4212**

Telephone No. ▶ **740-349-3863**

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.